

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, August 16, 2013 at the hour of 8:00 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Butler called the meeting to order.

At approximately 9:40 A.M., Chairman Butler recessed the meeting to the call of the Chair, in order for the Human Resources Committee Meeting scheduled for 9:30 A.M. to be called to order and recessed to the call of its Chair. Immediately following this activity, Chairman Butler reconvened the Finance Committee Meeting; the Committee continued its consideration of the items presented.

Present: Chairman Hon. Jerry Butler and Directors Ada Mary Gugenheim; M. Hill Hammock; and Dorene P. Wiese, EdD (4)

Board Chairman David Carvalho (ex-officio) and Mr. Donald Oder (non-Director Member)

Absent: Director Jorge Ramirez (1)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

John Cookinham – System Chief Financial Officer

Aaron Galeener – System Director of Budget

Steven Glass – Executive Director of Managed Care

Randolph Johnston – System Associate General Counsel

Terry Mason, MD – Cook County Department of Public Health

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

II. Public Speakers

Chairman Butler asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. George Blakemore Concerned Citizen
2. Rochelle Lowe Representative, National Nurses United
3. Richard David, MD Representative, SEIU Doctors' Council

III. Action Items

A. Minutes of the Finance Committee Meeting, July 19, 2013

Director Hammock, seconded by Director Wiese, moved to accept the minutes of the Finance Committee Meeting of July 19, 2013. THE MOTION CARRIED UNANIMOUSLY.

III. Action Items (continued)

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, provided an overview of the requests presented for the Committee's consideration. The Committee reviewed and discussed the requests.

Ms. Besenhofer noted that, on the September agenda, there will be a Committee Education Item presented regarding contracting.

With regard to the proposed grant renewals, Board Chairman Carvalho stated that an issue arose a couple of years ago regarding grants received that, over time, end up costing the System more than it was receiving to provide the services, because the grant funding remained flat, and the System's costs go up for a variety of reasons each year. Specifically, this is regarding grants received for services that the County is not mandated to do; this is for grant-funded services that a number of other vendors can do. At that time, the Board decided to continue receiving those grants and providing those services at a loss; however, at that time, he and other Directors had requested that the Board be provided with information in the future with respect to the financial implications relating to those type of grants that are presented for the Board's approval. He recalled that this was the case in the past with regard to the grant for Supplemental Nutrition for Women, Infants and Children (WIC); he asked if this was still the case.

Dr. Terry Mason, Chief Operating Officer of the Cook County Department of Public Health, responded that there are some analyses available for request number 1 and 2; he stated that he will forward that to the Board prior to the Board Meeting¹. With respect to the other grants presented today for consideration besides WIC, he stated that many are not in that condition, because there are vacancies that have not been filled that relate to those grant services. Board Chairman Carvalho noted that, if those particular vacancies are carried throughout the year, the System runs the risk of not providing the deliverables that are required under the grant if it does not have enough staffing for the functions relating to the grant.

With regard to request number 8, Ms. Besenhofer noted that this is the first of two amendments for PsychHealth. The second proposed amendment is expected to be presented in September; that amendment will be to provide a fee-for-service mechanism to reimburse providers outside of PsychHealth's per-member per-month (PMPM) contract.

Additional discussion took place on request number 8. Dr. Ram Raju, Chief Executive Officer, provided additional information. He stated that, when CountyCare was negotiated with the State and the Centers for Medicare and Medicaid Services (CMS), the benefit packages that were included mostly reflected the State's Medicaid medical benefits packages. The Waiver needed to be dollar neutral, and with that in mind, there was a set of benefits put in as a part of the deal; subsequently it was determined that some of these people require residential substance abuse treatment, part of the State's Medicaid substance abuse benefit package and that it should have been included in the CountyCare benefit package at the onset.

During the Committee's discussion of request number 10, a request to execute a contract with Siemens Medical Solutions, Board Chairman Carvalho requested that information be compiled for the Board meeting that shows how the scope of the new contract differs from the cumulated scopes of the former contract².

Director Hammock, seconded by Director Wiese, moved the approval of request numbers 1 through 12. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Items

A. Discussion of 2013 Meeting schedule and planning for schedule of 2014 Committee Meetings

Following discussion, the Committee determined that the schedule of remaining 2013 Finance Committee Meetings does not require any adjustments at this time.

With regard to planning for the schedule of 2014 Committee Meetings, the consensus reached by the Committee indicated that they were not in favor of holding the Committee Meetings and Board Meeting on the same day.

B. Update on Section 1115 Medicaid Waiver Demonstration Project/CountyCare (Attachment #2)

Steven Glass, Executive Director of Managed Care, provided an update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare. The Committee reviewed and discussed the information.

Board Chairman Carvalho inquired regarding the typical reason for the 10-12% of the applications that are denied. Mr. Glass stated that, from his prior experience with the program, one tends to see many denials relating to income eligibility; what is reported at the time of application is not necessarily what pans out when the State does their assessment – that tends to be the bulk of the denials.

Dr. Raju stated that, with regard to next year's budget, a lot of it depends on CountyCare. Continuing CountyCare as a strategic goal and initiative for the System is critical. The System is well on its way to get the 115,000 applications initiated. On December 31st, the Demonstration Project ends; at that point, the administration really needs to get CountyCare into some other status, so that it can continue to be a plan. First and foremost, the administration has to receive approval for CountyCare to be a managed care community network (MCCN); a team of staff is currently working on that application. Dr. Raju stated that the administration is also in consultations with the State, in order to work towards making CountyCare a plan so that it will be able to compete at the marketplace in October; to do that, it should become a plan by April 1st, so there are some legislative changes that will need to be done. There are ongoing discussions regarding this subject, and there is a lot of collaboration with the State. This will do two things – it will allow the System to continue to enroll Medicaid patients into CountyCare, and it will help to capture the other group of people, those between 133-400% of the federal poverty level, who will be eligible to buy insurance in the marketplace, and for whom the federal government subsidizes their premiums.

Board Chairman Carvalho inquired whether the strategy for the conversion of CountyCare includes CountyCare becoming an entity that can be a managed care entity under the regular Medicaid Program. Dr. Raju responded affirmatively.

The Committee received and filed the update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare without objection.

C. Introduction of CCHHS FY2014 Preliminary Budget (Attachment #3)

Aaron Galeener, System Director of Budget, provided an overview of the information presented regarding the proposed CCHHS FY2014 Preliminary Budget. The Committee reviewed and discussed the information.

IV. Recommendations, Discussion/Information Items

C. Introduction of CCHHS FY2014 Preliminary Budget (continued)

With regard to the question of the timeframe for approval, Dr. Raju indicated that the hope is that the System Board will approve the proposed Preliminary Budget in time for it to be placed on the County Board's Agenda for their consideration on September 11th. Chairman Butler inquired whether it can be approved at the System Board's August 23rd Meeting. Board Chairman Carvalho stated that it will be placed on the System Board's August 23rd Agenda for their consideration; it could be approved if the Board feels that, after today's Finance Committee Meeting and the public hearings next week, they are ready to approve it; however, he did not want to suggest that by putting it on the agenda that it has to be approved on August 23rd - a notation will be listed on the agenda to that effect. If the Board is not ready to approve it on the 23rd, another meeting can be scheduled for that purpose.

Board Chairman Carvalho suggested that the title of Account #890 be changed from Health System Administration to System-wide Expenditures, as it is actually the place where expenditures are aggregated that benefit the System as a whole. Additionally, he requested that the following additional information be included in time for the Board Meeting: include what is projected to actually be spent in 2013, as opposed to what is proposed to be spent in 2013, and as opposed to what was budgeted for 2013³.

In response to concerns expressed by Mr. Oder regarding the proposed Preliminary Budget and related assumptions, Dr. Raju stated that, over the last two years, a number of revenue shortfalls have been considerably reduced. This year, it could have been reduced further if not for the delay in the processing of the Waiver applications. There are a lot of factors that play into when and how much money the System receives, and from where. A lot of the assumptions for next year are not based on the number of people that the System will retain, because the Federal Medical Assistance Percentages (FMAP) will essentially double the System's Medicaid rates at the present time; because the System is in a unique situation, those assumptions are the reasons that the administration feels that it needs to start investing back into the System, as opposed to cutting the System.

Chairman Butler inquired how delays in payment relating to the Waiver affect the System's revenue stream. Dr. Raju stated that, technically, it will affect the System's cash flow. The way the Waiver was written, even if the State approves an application in the month of April next year, they will pay the System retroactively to the date of application. In terms of cash flow, when the fiscal year ends, there is going to be a deficit, because there are close to 20,000 applications pending with the State at the present time; he noted that the staff from the State is working very hard to catch up with processing the applications. However, moving forward, it is a different population and different reimbursement mechanism; that is why it is believed that the budget targets can be achieved.

The Committee referred the CCHHS FY2014 Preliminary Budget to the public hearings, which will be held on the following dates, at 1900 W. Polk Street, in the second floor conference room, in Chicago, Illinois:

- Tuesday, August 20th at 6:00 P.M.
- Wednesday, August 21st at 8:00 A.M.
- Friday, August 23rd at 8:00 A.M.

Chairman Butler indicated that the notice for the public hearings will go out following this meeting.

V. Report from System Director of Supply Chain Management

A. Report of emergency purchases

There were no emergency purchases to report at this time.

VI. Report from Chief Financial Officer

A. Financial Reports – through July 2013 (Attachment #4)

John Cookinham, System Chief Financial Officer, presented the Financial Reports through July 2013. The Committee reviewed and discussed the information.

Board Chairman Carvalho posed the following questions: what are the expenditures to date versus what was budgeted; what are the revenues to date versus what was budgeted; and what is the anticipated projection at the end of the fiscal year for both of those numbers?

Mr. Cookinham responded that, with regard to revenues to date, the System is short by \$24 million; by the end of the fiscal year, he projects that it will be short approximately \$40 million. With regard to expenditures, he indicated that that is a little harder to address; he believes that at the end of the fiscal year, the System will not exceed the appropriation, but expenditures will be close to the original appropriation amount.

Board Chairman Carvalho asked Mr. Cookinham to clarify that the \$135 million revenue shortfall reflected in the Financial Reports is based on an accrual basis, as of today; however, on a cash basis, at the end of the year the System is expecting the discrepancy to be around \$40 million. Mr. Cookinham concurred. He stated that, hopefully the System will have some savings on the appropriation side – that is a little more difficult to measure; he indicated that he can return back to the Committee with more information on the subject.

The Committee received and filed the Financial Reports through July 2013 without objection.

VII. Adjourn

As the agenda was exhausted, Chairman Butler declared the meeting ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Hon. Jerry Butler, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: grant analyses to be provided regarding request numbers 1 and 2. Page 2.

² Follow-up: Information to be provided for request number 10, regarding how the scope of the new contract differs from the cumulated scopes of the former contract. Page 2.

³ Follow-up: regarding proposed Preliminary Budget, request for information to include what is projected to actually be spent in 2013, as opposed to what is proposed to be spent in 2013, and as opposed to what was budgeted for 2013. Page 4.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
August 16, 2013

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM III(B)

AUGUST 16, 2013 FINANCE COMMITTEE MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Renew Grants					
1	Illinois Department of Human Services	Service - Supplemental Nutrition for Women, Infants and Children	\$3,016,220.00	CCDPH	2
2	Illinois Department of Human Services	Service - Supplemental Nutrition for Women, Infants and Children	\$272,614.00	ACHN	3
3	Illinois Department of Public Health	Service - Bioterrorism Preparedness and Response	\$1,129,626.00	CCDPH	4
4	Illinois Department of Human Services	Service - Case Management for High-Risk Infants	\$648,960.00	CCDPH	5
5	Illinois Department of Public Health	Service - Cities Readiness Initiative	\$153,878.00	CCDPH	6
6	Illinois Department of Public Health	Service - Lead Poisoning Case Management with Environmental Inspections	\$77,338.00	CCDPH	7
7	Illinois Department of Public Health	Service - Summer Food Inspections	\$3,400.00	CCDPH	8
Amend and Increase Contract					
8	PsychHealth, Ltd.	Service - behavioral health management	\$304,380.00	Managed Care	9
Increase Contract					
9	Maxim Staffing Solutions	Service - temporary staffing services	\$135,000.00	SHCC	12
Execute Contracts					
10	Siemens Medical Solutions	Service - hosting, support and consulting services	\$32,359,335.00	System	14
11	UpToDate, Inc.	Service - clinical information access for physicians and other clinical staff	\$486,461.00	System	17
12	RelayHealth	Service - electronic pharmacy claims re-submission	\$185,800.00	System	19

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Terry Mason, MD, COO, CCDPH		EXECUTIVE SPONSOR: N/A
DATE: 07/29/2013	PRODUCT / SERVICE: Service –Supplemental Nutrition for Women, Infants, and Children	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, Illinois	
ACCOUNT *	FISCAL IMPACT	GRANT FUNDED AMOUNT: \$3,016,220.00
CONTRACT PERIOD: 07/01/2013 thru 06/30/2014		CONTRACT NUMBER: FCSSQ00832
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A		

PRIOR CONTRACT HISTORY:

The previous grant contract for the Supplemental Nutrition for Women, Infants and Children with the Illinois Department of Public Health was for one (1) year in the amount of \$3,252,089.00. It was approved by the Cook County Health and Hospitals System Board on September 28, 2012.

NEW PROPOSAL JUSTIFICATION:

This grant provides funding for nutrition education and food vouchers to financially eligible pregnant women, postpartum women, and children through 5 years of age. Components of the WIC program in addition to nutrition education include monitoring prenatal/pediatric primary care visits, immunizations, lead screening, case management, and referrals. WIC services support critical components of the 1115 Waiver including Patient Centered Medical Home (PCMH) and enrollment. This service is not mandated by the State of Illinois. The requested grant funded amount is \$3,016,220.00.

*The deferred liability for this agreement is \$1,334,487.00.

TERMS OF REQUEST:

This is a request to accept Grant contract number FCSSQ00832 in an amount not to exceed \$3,016,220.00 from 07/01/2013 thru 06/30/2014.

CCHHS CBO: _____

Anthony Rajkumar, Chief Business Officer

CCHHS CFO: _____

John Cookinham, Chief Financial Officer

CCHHS CEO: _____

Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

1

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST



SPONSOR: Debra D. Carey, Chief Operating Officer of Outpatient Services		EXECUTIVE SPONSOR: John Jay Shannon, M.D., Chief of Clinical Integration/ Interim Executive Director Clinical Shared Services	
DATE: 07/29/2013		PRODUCT / SERVICE: Service –Supplemental Nutrition for Women, Infants, and Children	
TYPE OF REQUEST: Grant Contract Renewal		VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, Illinois	
ACCOUNT *	FISCAL IMPACT	GRANT FUNDED AMOUNT: \$272,614.00	
CONTRACT PERIOD: 07/01/2013 thru 06/30/2014		CONTRACT NUMBER: FCSSQ00833	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

The previous grant contract for the Supplemental Nutrition for Women, Infants and Children with the Illinois Department of Public Health was for one (1) year in the amount of \$528,193.00. It was approved by the Cook County Health and Hospitals System Board on September 28, 2012.

NEW PROPOSAL JUSTIFICATION:

This grant provides funding for nutrition education and food vouchers to financially eligible pregnant women, postpartum women, and children through 5 years of age. Components of the WIC program in addition to nutrition education include monitoring prenatal/pediatric primary care visits, immunizations, lead screening, case management, and referrals. WIC services support critical components of the 1115 Waiver including Patient Centered Medical Home (PCMH) and enrollment. This service is not mandated by the State of Illinois. The requested grant funded amount is \$272,614.00.

*The deferred liability for this agreement is \$114,015.00.

TERMS OF REQUEST:

This is a request to accept Grant Contract Number FCSSQ00833 in an amount not to exceed \$272,614.00 from 07/01/2013 thru 06/30/2014.

CCHHS CBO: _____

Anthony Rajkumar, Chief Business Officer

CCHHS CFO: _____

John Cookinham, Chief Financial Officer

CCHHS CEO: _____

Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

2

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Terry Mason, MD, COO, CCDPH		EXECUTIVE SPONSOR: N/A	
DATE: 07/29/2013		PRODUCT / SERVICE: Service: Bioterrorism Preparedness and Response	
TYPE OF REQUEST: Grant Contract Renewal		VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, Illinois	
ACCOUNT: *		FISCAL IMPACT	GRANT FUNDED AMOUNT: \$1,129,626.00
CONTRACT PERIOD: 07/01/2013 thru 06/30/2014		CONTRACT #: 47180016B	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

The previous grant contract for Bioterrorism Preparedness and Response with the Illinois Department of Public Health was for one (1) year in the amount of \$1,259,798.00. It was approved by the Cook County Health and Hospitals System Board on November 29, 2012.

NEW PROPOSAL JUSTIFICATION:

As a state certified health department in the State of Illinois, the Cook County Department of Public Health (CCDPH) is mandated to provide public health emergency preparedness and response to include hazard vulnerability risk assessment, second year deliverables, self assessment of emergency capabilities, and formulation of an annual work plan for the next program year. The requested grant funded amount is 1,129,626.00.

*The deferred liability for this agreement is \$375,396.00.

TERMS OF REQUEST:

This is a request to accept Grant contract number 47180016B in an amount not to exceed \$1,129,626.00 from 07/01/2013 thru 06/30/2014.

CCHHS CBO:

Anthony Rajkumar, Chief Business Officer

CCHHS CFO:

John Cookinham, System Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

3

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Terry Mason, MD, COO, CCDPH		EXECUTIVE SPONSOR: N/A
DATE: 07/29/2013	PRODUCT / SERVICE: Service –Case Management for High-Risk Infants	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, Illinois	
ACCOUNT *	FISCAL IMPACT:	GRANT FUNDED AMOUNT: \$648,960.00
CONTRACT PERIOD: 07/01/2013 thru 06/30/2014		CONTRACT NUMBER: FCSSU03178
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A		

PRIOR CONTRACT HISTORY:

The previous grant contract for Case Managements for High Risk Infants with the Illinois Department of Public Health was for one (1) year in the amount of \$715,800.00. The contract was approved by the Cook County Health and Hospitals System Board on September 28, 2012.

NEW PROPOSAL JUSTIFICATION:

As a certified health department in the State of Illinois, the Cook County Department of Public Health (CCDPH) is mandated to provide case management services to high-risk infants identified through the Adverse Pregnancy Outcome Reporting System, and special needs children. CCDPH provides services for the assessment of client needs, linkage with Medicaid and primary medical care, referral for assistance with identified social needs, and the coordination of care. The goal of this service is to reduce infant mortality and morbidity. The requested grant funded amount is \$648,960.00.

*The deferred liability for this agreement is \$333,430.00.

TERMS OF REQUEST:

This is a request to accept Grant contract number FCSSU03178 in an amount not to exceed \$648,960.00 from 07/01/2013 thru 06/30/2014.

CCHHS CBO: _____

Anthony Rajkumar, Chief Business Officer

CCHHS CFO: _____

John Cookinham, Chief Financial Officer

CCHHS CEO: _____

Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

4

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Terry Mason, MD, COO, CCDPH		EXECUTIVE SPONSOR: N/A
DATE: 07/29/2013	PRODUCT / SERVICE: Service -Cities Readiness Initiative	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, Illinois	
ACCOUNT *	FISCAL IMPACT:	GRANT FUNDED AMOUNT: \$153,878.00
CONTRACT PERIOD: 07/01/2013 thru 06/30/2014		CONTRACT NUMBER: 47180099B
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A		

PRIOR CONTRACT HISTORY:

The previous grant contract for the Cities Readiness Initiative with the Illinois Department of Public Health was for one (1) year in the amount of \$191,070.00. The contract was approved by the Cook County Health and Hospitals System Board on November 29, 2012.

NEW PROPOSAL JUSTIFICATION:

As a state certified health department in the State of Illinois, the Cook County Department of Public Health (CCDPH) is mandated to provide support activities to assist suburban Cook County communities in planning and exercises for public health incidents/emergencies. The requested grant funded amount is \$153,878.00.

*The deferred liability for this agreement is \$65,495.00.

TERMS OF REQUEST:

This is a request to accept Grant contract number 47180099B in an amount not to exceed \$153,878.00 from 07/01/2013 thru 06/30/2014.

CCHHS CBO: _____

Anthony Rajkumar, Chief Business Officer

CCHHS CFO: _____

John Cookinham, Chief Financial Officer

CCHHS CEO: _____

Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
5

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Terry Mason, MD, COO, CCDPH		EXECUTIVE SPONSOR: N/A
DATE: 07/29/2013	PRODUCT / SERVICE: Service: Lead Poisoning Case Management with Environmental Inspections	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, Illinois	
ACCOUNT *	FISCAL IMPACT	GRANT FUNDED AMOUNT: \$77,338.00
CONTRACT PERIOD: 07/01/2013 thru 06/30/2014		CONTRACT NUMBER: 45381070B
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A		

PRIOR CONTRACT HISTORY:

The previous grant contract for Lead Poisoning Case Management with Environmental Inspections with the Illinois Department of Public Health, Office of Health Protection, was for one (1) year in the amount of \$94,312.00. It was approved by the Cook County Health and Hospitals System Board on November 29, 2012.

NEW PROPOSAL JUSTIFICATION:

As a state certified health department in the State of Illinois, the Cook County Department of Public Health (CCDPH) receives funding from the Illinois Department of Public Health to provide environmental health inspections and case management services to children with elevated blood lead levels to identify the source of environmental lead, mitigate the lead sources, and refer impacted children for health care and supportive services. The requested grant funded amount is \$77,338.00.

*The deferred liability for this agreement is \$0.00.

TERMS OF REQUEST:

This is a request to accept Grant Contract Number 45381070B in an amount not to exceed \$77,338.00 from 07/01/2013 thru 06/30/2014.

CCHHS CBO:

Anthony Rajkumar, Chief Business Officer

CCHHS CFO:

John Cookinham, Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

6

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Terry Mason, MD, COO, CCDPH		EXECUTIVE SPONSOR: N/A
DATE: 07/01/2013	PRODUCT / SERVICE: Service: Summer Food Inspections	
TYPE OF REQUEST: Grant Contract Renewal	VENDOR / SUPPLIER: Illinois Department of Public Health, Springfield, Illinois	
ACCOUNT *	FISCAL IMPACT	GRANT FUNDED AMOUNT: \$3,400.00
CONTRACT PERIOD: 05/01/2013 thru 08/31/2013		CONTRACT NUMBER: 35280147A
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A		

PRIOR CONTRACT HISTORY:

The previous grant contract for summer food inspections with the Illinois Department of Public Health, Office of Health Protection, was for four (4) months in the amount of \$3,400.00. It was approved by the CCHHS Board on September 28, 2012 along with the Local Health Protection grant contract.

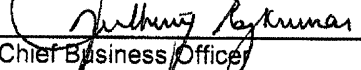
NEW PROPOSAL JUSTIFICATION:

As a state certified health department in the State of Illinois, the Cook County Department of Public Health (CCDPH) is mandated to provide health protection services including, but not limited to, infectious diseases, food protection, potable (drinking) water, and sewage disposal in suburban Cook County areas under the jurisdiction of the Cook County Department of Public Health. This grant contract provides for inspections of food service facilities designated by the Illinois Department of Public Health. The requested grant funded amount is \$3,400.00.-

*The deferred liability for this agreement is \$0.00.

TERMS OF REQUEST:

This is a request to accept Grant contract number 35280147A in an amount not to exceed \$3,400.00 from 05/01/2013 thru 08/31/2013.

CCHHS CBO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
John Cookinham, Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #


7

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Steven Glass, Director of Managed Care 	
DATE: 08/05/2013		PRODUCT / SERVICE: Service: Behavioral Health Management	
TYPE OF REQUEST: Amend and Increase Contract		VENDOR / SUPPLIER: PsychHealth, Ltd.	
ACCOUNT 896-260	FISCAL IMPACT NOT TO EXCEED: \$304,380.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/15/2012 thru 12/31/2013		CONTRACT NUMBER: H13-25-006	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

Cook County Health and Hospitals System Board approved this contract on 12/14/2012 in the amount of \$9,747,125.00 for the services of a behavioral health management organization to provide and manage a network of behavioral health providers for the CountyCare Demonstration Project being implemented under the Section 1115 Waiver. PsychHealth, Ltd. responded to an RFP and is experienced in providing managed behavioral health services to Medicaid Recipients. Under an at-risk, capitation agreement, the contractor handles member and provider relations, claims, quality improvements, credentialing, behavioral health provider contracting and other required functions.

NEW PROPOSAL JUSTIFICATION:

PsychHealth was contracted to provide behavioral health services on an at-risk, per member per month (PMPM) basis. When the RFP was issued, residential substance abuse treatment services were not considered a covered CountyCare service, and excluded from the scope of services. Due to clarification by the Illinois Department of Healthcare and Family Services (HFS), residential substance abuse services must now be offered to CountyCare members as a covered benefit. Since these services were not a part of the initial pricing provided by PsychHealth, this amendment provides the additional funding necessary to cover the expanded scope of work. This will increase the total contract spend to \$10,051,505.00.

This is the first of two contract amendments and increases that will be requested for PsychHealth. The second request, to provide a fee-for-service mechanism to reimburse providers outside PsychHealth's PMPM contract is expected to be ready for review in September.

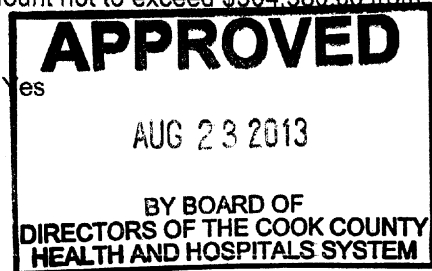
TERMS OF REQUEST:

This is a request to amend and increase contract number H13-25-006 in an amount not to exceed \$304,380.00 from 12/15/2012 thru 12/31/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

ATTACHMENTS

CONTRACT COMPLIANCE MEMO: Yes

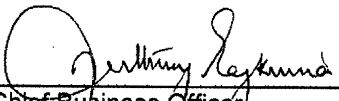


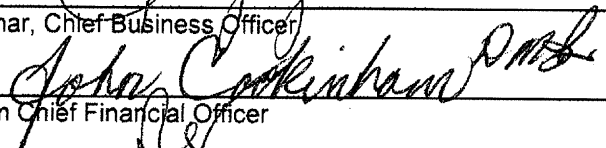
Request #

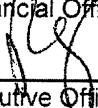
8

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DATE: 08/05/2013		PRODUCT / SERVICE: Service: Behavioral Health Management	
TYPE OF REQUEST: Amend and Increase Contract		VENDOR / SUPPLIER: PsychHealth, Ltd.	
ACCOUNT 896-260	FISCAL IMPACT NOT TO EXCEED: \$304,380.00	GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/15/2012 thru 12/31/2013		CONTRACT NUMBER: H13-25-006	

CCHHS CBO: 
 Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
 John Cookinham, Chief Financial Officer

CCHHS CEO: 
 Ram Raju, M.D. Chief Executive Officer

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17th District

OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

August 8, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H12-25-006.
Commodity: Service, Behavioral Health Management Services
115 Demonstration Waiver Project
Department: Finance - CCHHS
Term: 09/01/13 – 12/31/13

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the MBE/WBE goals of 35% participation.

Vendor: PsychHealth, Ltd., Evanston, IL
Increase Amount: \$ 304,380.00
New Contract Amount: \$10,051,505.00

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
PsychHealth, Ltd.	MBE (9)	100% - Direct	Cook County

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Laura A. Wahlfeldt, RN, System Director, Case Management		EXECUTIVE SPONSOR: Claudia M. Fegan, MD, Executive Medical Director / Medical Director Stroger Hospital Gladys Lopez, Chief Human Resource Officer	
DATE: 08/06/2013	PRODUCT / SERVICE: Service - Temporary Staffing Services		
TYPE OF REQUEST: Increase Contract	VENDOR / SUPPLIER: Maxim Staffing Solutions, Chicago, IL		
ACCOUNT: 897-272 Case Management \$ 75,000.00 897-272 Human Resources 60,000.00 \$ 135,000.00		GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 11/14/2011 thru 11/13/2013		CONTRACT NUMBER: H11-73-101	
X	COMPETITIVE SELECTION METHODOLOGY: RFP		
	NON-COMPETITIVE SELECTION METHODOLOGY:		

PRIOR CONTRACT HISTORY:

Contract number H11-73-101 was approved by the Cook County Health and Hospitals System Board on 10/27/2011 to allow Maxim Healthcare to provide temporary staffing for Stroger Hospital Laboratory from 11/14/2011 through 11/13/2013 in the amount of \$588,896.00. There have been four (4) amendments on behalf of the Laboratory, Pharmacy, and Human Resources for temporary staffing needs while recruiting to fill positions on a permanent basis. The cumulative increase in the four amendments was an increase in the amount of \$825,600.00.

NEW PROPOSAL JUSTIFICATION:

Since December 2012, the Case Management Department has experienced a loss of five (5) full time staff due to resignations and retirements. Recruitment is ongoing to hire permanent replacements for these positions. The use of temporary services is required in the amount of \$ 75,000 while we continue to recruit for these positions. Human Resources are also in need of temporary staffing in the amount of \$60,000 while they continue to recruit and hire for several positions. The current total increase requested will result in a cumulative contract total of \$1,549,496.00.

TERMS OF REQUEST:

This request is to increase contract number H11-73-101 in an amount not to exceed \$135,000.00 for the remaining time period of 09/01/2013 thru 11/13/2013.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE:

ATTACHMENTS

CONTRACT COMPLIANCE MEMO:

CCHHS CBO: Anthony Rajkumar
 Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
 John Cookinham, Chief Financial Officer

CCHHS CEO: Ram Raju
 Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
 DIRECTORS OF THE COOK COUNTY
 HEALTH AND HOSPITALS SYSTEM

Request #
9

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OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

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ELIZABETH ANN DOODY GORMAN

17th District

August 9, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H11-73-101 / Increase
Commodity: Service – Consultant Staffing Services
Department: Case Management & Human Resources - CCHHS
Term: 09/01/13 – 11/13/13

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the MBE/WBE goals of 35% participation.

Vendor: Maxim Healthcare Services, Inc. d/b/a/ Maxim Staffing Solutions, Columbia, MD
Increase Amount: \$ 135,000.00
New Contract Amount: \$1,549,496.00 (Revised)

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
Professional	MBE (6)	25% - Direct	City of Chicago
Dynamic Network, Inc.			
Hallagan Office Supply	WBE (7)	10% - Indirect	City of Chicago

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR:		EXECUTIVE SPONSOR: Bala Hota, M.D., Chief Medical Information Officer/Chief Information Officer	
DATE: 08/5/2013	PRODUCT / SERVICE: Service : Hosting, Support, Consulting Services		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Siemens Medical Solutions, Malvern, PA		
ACCOUNT: 890-441	FISCAL IMPACT NOT TO EXCEED: \$32,359,335.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 09/01/2013 thru 8/31/2016		CONTRACT NUMBER: H13-25-071	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:
 Contract number 06-41-274 was approved by the Cook County Health and Hospitals System Board on 12/18/2008 for the period from 01/10/2009 thru 01/09/2012 in the amount of \$7,402,752.00. Siemens is an integrated IT vendor that the Health System chose as a long term strategic business partner. The contract was increased and extended by the Board on 02/24/2011 for the period 01/10/2009 thru 09/30/2013 in the amount of \$4,312,319.00. Administration amended and extended the existing contract to implement consolidation and migration to the new release, including user licenses for support of the Decision Support System; EDM (financial scanning system), Echo Loader (data warehouse for file processing), and Denial Management (financial claim software). On February 24, 2012, the Board approved an additional amend and increase to the contract by \$2,276,411 to include services tied to the Cerner to Siemens Optimization Project, ICD-10 consultation and testing, LRS Conversion, and an extension of the maintenance and support of the (3) legacy domains. A final increase of \$1,460,000 was approved by the Board on May 31, 2013 in order to pay for the cost of Professional Services, Utilization, and Recurring fees for the additional services.

NEW PROPOSAL JUSTIFICATION:
 This is a request to enter into a new renegotiated contract with Siemens Medical Solutions for Professional Services, and Utilization/Recurring fees related to CCHHS's billing and revenue integrity solutions. CCHHS uses Siemens Medical Solutions applications software for Registration, Billing, Health Information Management, ICD9/10, Denial Management, State Reporting, Revenue/Charge Reporting and Financial Activity throughout the system. This is a sole source contract and will remain so as the integrated software is woven into the fabric of the CCHHS Information Technology infrastructure.

TERMS OF REQUEST:
 This is a request to execute contract number H13-25-071 in an amount not to exceed \$2,359,335.00 for a twelve (12) month period from 09/01/2013 thru 8/31/2016.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

ATTACHMENTS
CONTRACT COMPLIANCE MEMO: Yes

APPROVED

AUG 23 2013

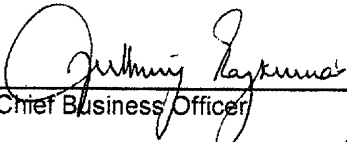
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
10

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DATE: 08/5/2013		PRODUCT / SERVICE: Service : Hosting, Support, Consulting Services	
TYPE OF REQUEST: Execute Contract		VENDOR / SUPPLIER: Siemens Medical Solutions, Malvern, PA	
ACCOUNT: 890-441	FISCAL IMPACT NOT TO EXCEED: \$32,359,335.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 09/01/2013 thru 8/31/2016		CONTRACT NUMBER: H13-25-071	

CCHHS CBO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
John Cookinham, Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

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JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

August 6, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H13-25-071
Commodity: Service, Hosting, Support, Consulting Services
Department: HIS - CCHHS
Term: 09/01/13 – 08/31/16

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the MBE/WBE goals of 35% participation.

Vendor: Siemens Medical Solutions, USA, Malvern, PA
Amount: \$32,359,335.00

<u>M/WBE</u>	<u>Status</u>	<u>Participation</u>	<u>Certifying Agency</u>
Medical Business Associates, Inc.	MBE (9)	35% - Direct / Participation based on the Non-Proprietary Dollar Amount of the Contract	Cook County
		\$21,808,062.00	

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

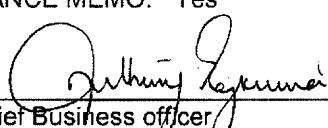
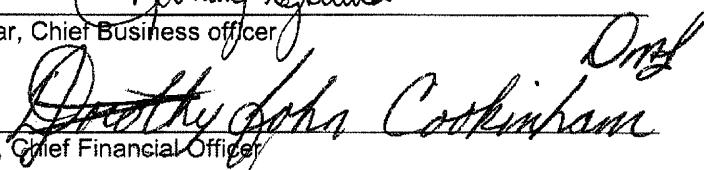
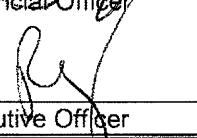
Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR:		EXECUTIVE SPONSOR: Bala Hota, M.D., Chief Medical Information Officer/Chief Information Officer	
DATE: 08/05/2013	PRODUCT / SERVICE: Service: Clinical Information Access for Physicians and Other Clinical Staff		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: UpToDate, Inc, Waltham, MA		
ACCOUNT: 890-441	FISCAL IMPACT NOT TO EXCEED: \$486,461.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 09/01/2013 thru 8/31/2017		CONTRACT NUMBER: H13-25-073	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider			
PRIOR CONTRACT HISTORY: The Cook County Health and Hospitals System entered into a contract with UpToDate, Inc, in the amount of \$49,690 for a one (1) year period from 04/01/12 thru 03/31/2013. This subscription service allowed online access for the physicians and clinicians to access data to assist with patient care decisions.			
NEW PROPOSAL JUSTIFICATION: This is a request to enter into a new contract for a four (4) year subscription to the UpToDate electronic clinical information. This online clinical information resource for CCHHS physicians and other clinical staff allows them to look up information to make better clinical decisions. UpToDate allows clinical staff to immediately access current information regarding the diagnosis and treatment of diseases as well as drug treatment information at the point of care. This interactive technology has evolved very quickly to include 9500 clinical topics, drug information, 1500 patient topics, patient information topics in Spanish and medical calculators to name a few. There are 21 specialties covered and available for interactive information that can be entered into the electronic medical record (Cerner). This is a web enabled product that allows access through any electronic device.			
TERMS OF REQUEST: This is a request to execute contract number H13-25-073 in an amount not to exceed \$486,461.00 for a period of forty-eight (48) months from 09/01/2013 thru 8/31/2017.			
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes			
ATTACHMENTS CONTRACT COMPLIANCE MEMO: Yes			
CCHHS CBO:  Anthony Rajkumar, Chief Business officer			
CCHHS CFO:  John Cookinham, Chief Financial Officer			
CCHHS CEO:  Ram Raju, M.D., Chief Executive Officer			

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
11

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OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

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ELIZABETH ANN DOODY GORMAN

17th District

August 7, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H13-25-073 / Sole Source
Commodity: Service – Subscription and License
Department: Information Technology - CCHHS
Term: 09/01/13 – 08/31/17

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the MBE/WBE goals of 35% participation.

Vendor: UpToDate, Inc., Waltham, MA
Amount: \$486,461.00

Waiver Granted: The specifications and necessary requirements for performing the sole source contract make it infeasible to divide the contract to enable the contract to utilize MBEs and/or WBEs in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

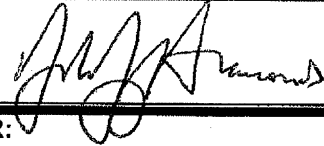
Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST



SPONSOR:		EXECUTIVE SPONSOR: John Jay Shannon, M.D. Chief of Clinical Integration / Interim Executive Director Clinical Shared Services	
DATE: 08/06/2013	PRODUCT / SERVICE: Service: Electronic Pharmacy Claims Re-submission		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: RelayHealth, Atlanta, GA		
ACCOUNT: 890-260	FISCAL IMPACT NOT TO EXCEED: \$185,800.00	GRANT FUNDED AMOUNT: N/A	
CONTRACT PERIOD: 09/01/2013 thru 08/31/2014		CONTRACT NUMBER: H13-25-078	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider			

PRIOR CONTRACT HISTORY:

The prior contract history with this vendor was through the McKesson Pharmacy contract.

NEW PROPOSAL JUSTIFICATION:

The Cook County Health and Hospitals System have a current contract with RelayHealth through the McKesson contract to submit Pharmacy claims electronically to the State. For several years the State processed the CCHHS claims incorrectly which resulted in the underpayment of each of the claims. Upon identification of the error, the State was contacted. As a result, the State has corrected the identified system problems and has agreed to reprocess the CCHHS claims at the correct amount. RelayHealth will resubmit these claims on behalf of CCHHS at a cost of \$185,800.00. The anticipated net recovery to CCHHS is \$7.1million.

TERMS OF REQUEST:

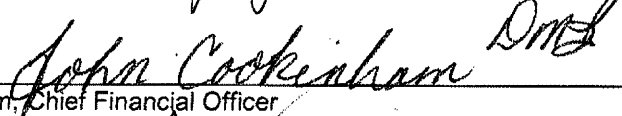
This request is to execute contract number H13-25-078 in an amount not to exceed \$185,800.00 for the period from 09/01/2013 thru 08/31/2014.


CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

ATTACHMENTS

CONTRACT COMPLIANCE MEMO: Yes

CCHHS CBO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
John Cookinham, Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

APPROVED

AUG 23 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
12

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
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OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

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JEFFREY R. TOBOLSKI

16th District

ELIZABETH ANN DOODY GORMAN

17th District

August 8, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H13-25-078 / Sole Source
Commodity: Service for Claim Retransmission, Reporting for Reversals and Resubmittals
Department: HIS & Finance - CCHHS
Term: 09/01/13 – 08/31/14

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the MBE/WBE goals of 35% participation.

Vendor: NDCHealth d/b/a RelayHealth, Atlanta, GA
Amount: \$185,800.00

Waiver Granted: The specifications and necessary requirements for performing the sole source contract make it infeasible to divide the contract to enable the contract to utilize MBEs and/or WBEs in accordance with the applicable participation.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
August 16, 2013

ATTACHMENT #2

**Update on Section 1115 Medicaid Waiver Demonstration Project (CountyCare)
CCHHS Finance Committee - Friday, 8/16/2013**

Steven Glass, Executive Director, Managed Care

As of Sunday, 8/11/2013, 88,281 CountyCare applications have been initiated – this is a 10,000 increase from the number reported to the Finance Committee at its July 2013 meeting.

The majority of apps (64%) have been initiated through our call center, our on-campus app assistants and other program vendors; 31% have been initiated from our CountyCare network partners; with the remaining 5% initiated from our work within Cermak Health Services of Cook County Jail.

We continue to submit approximately 500 applications to the Illinois Department of Human Services (DHS) per day.

At the end of July, slightly more than 55,000 applications had been submitted to DHS for processing. Our approval rate remains steady in the 88-90% range.

Just over 27,000 applications remain backlogged with the State as of July 31st. They are processing about 375 applications per day. Now that they are fully staffed, DHS has provided CountyCare leadership a plan to get current with the backlog by the end of the waiver period. We are working together to monitor this plan, and are jointly committed to ensuring each other's success this first year.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
August 16, 2013

ATTACHMENT #3
(attached electronically)

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
August 16, 2013

ATTACHMENT #4

Cook County Health and Hospitals System

Financial Statements

Year To Date July 31, 2013

As of August 12, 2013

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended July 31, 2013 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended July 31, 2013. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the 1115 Waiver. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2010 the Cook County Health and Hospital System Board and the Cook County Board of Commissioners approved Vision 2015 Strategic Plan, which outlines, over five years, restructuring CCHHS to deliver the best possible care for the vulnerable population of Cook County within the constraints of dollar resources available to the health system. This plan seeks to better allocate resources.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In October, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An 1115 Waiver allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently

eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the eight months with overall revenue of \$505,631 and overall expenses was \$640,989.

Net Patient revenue for the eight months was \$286,160.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

EHR incentive program revenue was \$6,577.

Other revenue was \$3,822. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable – BEPA System

General

As compared to November 30, 2012, Total Patient Accounts Receivable at the end of July-2013 reduced by 19 to 103 days. Additionally, there was a 6 day increase in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage, including 1115 waiver and MANG applications;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts grew by \$20.481M (6.9%) as compared to the November-2012 balance. As compared to the previous month, this figure increased by \$14.576M (4.8%). The growth in this figure indicates more accounts are moving to a billed status, but a decreasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Inpatient Accounts Receivable – BEPA System

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of July-2013 increased by \$0.037M (0.4%), as compared the November 30, 2012 balance and decreased by \$2.624M (-22.8%), as compared to the previous month's balance. This indicates that more inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Billed Inpatient Accounts

Billed inpatient accounts at the end of July-2013 increased by \$15.553M (10.0%) as compared to the November 30, 2012 balance. This figure grew by \$9.880M (6.1%) compared to the previous month's total.

The increase in this number indicates fewer accounts had the collection process completed than in the previous month and that a lower number of accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based up on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Outpatient Accounts Receivable – BEPA System

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts decreased by \$4.458M (-25.7%) by the end of July-2013, as compared to the level of unbilled accounts as of November 30, 2012. This balance, as of the end of this month, was \$0.828M (6.9%) larger than the previous month's balance. This indicates that fewer outpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of July-2013 grew by \$4.928M (3.6%), as compared to the balance as of November 30, 2012. This figure is \$4.696M (3.4%) greater than last month's figure.

The growth in this figure indicates that fewer Out-Patient accounts had their collection and write-off related activities completed, as compared to the prior month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for July-2013	Value of Accounts for July-2013	Cumulative Number of Accounts Through July-2013	Cumulative Value of Accounts Through July-2013
In-Patient	538	\$ 6.987M	4,768	\$ 62.674M
Out-Patient	25,159	\$ 11.405M	238,644	\$ 117.885M
Totals	25,697	\$ 18.392M	243,412	\$ 180.559M

The above data does not include bad-debt write-offs; it includes only the amounts written-off directly to charity care.

Operating Expenses at the end of eight months was \$640.989M broken down as follows:

Salaries and Wages - \$336.934M

Benefits - \$92.583M

Supplies - \$68.523M.

Purchased Services, Rental, and Other - \$106.872M

Insurance - \$7.845M.

Depreciation - \$22.634M

Utilities - \$5.597M

Nonoperating Revenue was \$207.911M. The largest portions of this are attributed to cigarette tax in the amount of \$72.822M and property tax in the amount of \$43.393M. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal Year 2013

December-2012 BEPA	January-2013 BEPA	February-2013 BEPA	March-2013 BEPA	April-2013 BEPA	May-2013 BEPA	June-2013 BEPA	July-2013 BEPA
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Inpatient

In-House	\$	10,694,625	\$	14,197,840	\$	17,083,585	\$	16,412,265	\$	11,795,113	\$	9,859,969	\$	13,475,435	\$	13,387,878
Discharged Not Final Billed	\$	8,483,063	\$	9,622,149	\$	11,043,885	\$	9,058,453	\$	11,661,563	\$	11,966,836	\$	11,486,668	\$	8,862,674
Billed	\$	153,028,241	\$	154,871,252	\$	160,358,506	\$	166,885,757	\$	176,838,729	\$	156,324,234	\$	161,918,349	\$	171,797,882
Total Inpatient Asccounts Receivable	\$	172,205,929	\$	178,691,241	\$	188,485,977	\$	192,356,475	\$	200,295,404	\$	178,151,039	\$	186,880,452	\$	194,048,434

Outpatient

Unbilled	\$	18,351,511	\$	19,430,164	\$	17,924,674	\$	19,189,962	\$	21,075,425	\$	15,169,287	\$	12,046,059	\$	12,873,691
Billed	\$	134,201,903	\$	123,927,492	\$	124,359,199	\$	126,829,842	\$	126,820,237	\$	129,446,090	\$	138,860,934	\$	143,557,425
Total Outpatient Accounts Receivable	\$	152,553,414	\$	143,357,656	\$	142,283,873	\$	146,019,804	\$	147,895,662	\$	144,615,377	\$	150,906,994	\$	156,431,117

Combined Inpatient and Outpatient A/R

Unbilled	\$	37,529,199	\$	43,250,154	\$	46,052,145	\$	44,660,680	\$	44,532,101	\$	36,996,092	\$	37,008,162	\$	35,124,243
Billed	\$	287,230,144	\$	278,798,744	\$	284,717,705	\$	293,715,600	\$	303,658,966	\$	285,770,324	\$	300,779,283	\$	315,355,308
Total IP and OP Accounts Receivable	\$	324,759,343	\$	322,048,898	\$	330,769,849	\$	338,376,280	\$	348,191,067	\$	322,766,416	\$	337,787,445	\$	350,479,551
Average Daily Revenue	\$	2,797,555	\$	2,957,056	\$	3,222,942	\$	3,416,191	\$	3,482,248	\$	3,491,792	\$	3,471,627	\$	3,410,158
Days of Revenue Outstanding		116		109		103		99		100		92		97		103

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
July 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	2,162	1		2,162	146	85		2,393				2,393
Cash held by Cook Co Treas	573,673			573,673	86,033	141,153		800,858	127,263		(928,121)	
Due from working cash fund	60,540	34,607		95,147				95,147			(95,147)	
Total cash & cash equivalent	636,374	34,608		670,982	86,179	141,238		898,399	127,263		(1,023,268)	2,393
Property taxes receivable:												
Tax levy - current year	18,700	22,041		40,741	2,441	3,335	1,888	48,405	5,379			53,783
Tax levy - prior year	14,953	17,656		32,610	2,792	2,654	1,516	39,572	4,260			43,831
Total property taxes rec	33,653	39,697		73,350	5,233	5,989	3,404	87,976	9,638			97,615
Receivables:												
Patient AR-net of allowances	39,338			39,338		5,790		45,128				45,128
Third-party settlements	3,334			3,334		257		3,592				3,592
Other receivables	463	11		475	0	12	0	487		1		488
Due from State - sales taxes	4,089	4,505		8,594	1,212	1,973	392	12,170	1,657	3,393		17,220
Total receivables	47,225	4,516		51,741	1,212	8,033	392	61,377	1,657	3,394		66,428
Inventories	1,262			1,262	121	985		2,368		313		2,681
TOTAL CURRENT ASSETS	718,514	78,821		797,335	92,745	156,244	3,796	1,050,120	138,558	3,708	(1,023,268)	169,117
CAPITAL ASSETS:												
Depreciable assets - net	355,069	5,902		360,972	23,674	20,866	12,801	418,314	1,968	655		420,937
TOTAL ASSETS	1,073,584	84,723		1,158,307	116,419	177,111	16,597	1,468,434	140,526	4,363	(1,023,268)	590,054

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
July 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET POSITION												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		104,973	3,546	108,518			854,383	962,901		73,978	(1,023,268)	13,611
Accounts payable	14,417	368		14,786	164	1,951	19,233	36,133	626	112		36,871
Accrued salaries, wages, & other liabilities	3,540	456	61	4,058	72	358	533	5,022	1	463		5,486
Compensated absences	4,186	550		4,737	76	488	567	5,868	227	397		6,493
Deferred revenue	61,871			61,871		12,627		74,498				74,498
Third-party settlements					5			5				5
Due to other co govt funds	21			21	10	5		36	7			43
Due to others	675			675	19			694				694
Interacct (payable)receivable	39,979	103,099	778	143,855	(531)	38,588	(189,214)	(7,302)	(32)	7,334		
TOTAL CURRENT LIABILITIES	124,691	209,447	4,385	338,523	(185)	54,017	685,501	1,077,855	829	82,284	(1,023,268)	137,701
LONG-TERM LIABILITIES:												
Compensated absences	23,722	3,118		26,840	432	2,768	3,213	33,253	946	2,251		36,450
Reserve-tax objection suits	5,115	3,054		8,170	1,222	1,571	296	11,259	1,300			12,559
TOTAL LIABILITIES	153,529	215,619	4,385	373,533	1,468	58,356	689,011	1,122,367	3,075	84,535	(1,023,268)	186,709
NET POSITION:												
Investment in capital assets	355,069	5,902		360,972	23,674	20,866	12,801	418,314	1,968	655		420,937
Beginning balance	663,868	(246,778)	(389)	416,701	90,594	103,310	(587,952)	22,653	126,907	(54,429)		95,131
Bond depreciation	15,311	567		15,878	1,703	1,293	3,475	22,349	145	141		22,634
Excess revenue (expenses)	(114,193)	109,412	(3,996)	(8,777)	(1,020)	(6,714)	(100,738)	(117,249)	8,431	(26,539)		(135,358)
Ending balance	920,055	(130,896)	(4,385)	784,774	114,950	118,755	(672,413)	346,066	137,450	(80,172)		403,345
TOTAL LIABILITIES & NET POSITION	1,073,584	84,723	0	1,158,307	116,419	177,111	16,597	1,468,434	140,526	4,363	(1,023,268)	590,054

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
July 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:											
Net patient service revenue	152,930	97,679	23,906	274,515	(56)	11,701		286,160			286,160
Grant revenue									1,161		1,161
EHR incentive program revenue	5,479			5,479		1,098		6,577			6,577
Other revenue	2,608	458		3,066	248	182	34	3,531	287	4	3,822
Total Revenue:	161,016	98,137	23,906	283,060	192	12,982	34	296,268	1,448	4	297,720
OPERATING EXPENSES:											
Salaries and wages	215,151	29,125	1,927	246,204	4,908	19,796	31,519	302,426	7,171	27,337	336,934
Employee benefits	56,955	8,376	489	65,821	2,787	6,426	8,325	83,359	2,452	6,772	92,583
Supplies	23,332	9,632	11,680	44,644	626	957	20,945	67,172	84	1,267	68,523
Purchased svcs, rental & other	36,339	4,059	13,806	54,205	1,226	6,210	43,538	105,178	690	1,004	106,872
Insurance expense	4,456	1,143		5,599	358	533	610	7,100	177	568	7,845
Depreciation	15,311	567		15,878	1,703	1,293	3,475	22,349	145	141	22,634
Utilities	3,130	75		3,205	721	621	1,030	5,577	17	3	5,597
TOTAL OPERATING EXPENSES	354,676	52,977	27,902	435,555	12,329	35,836	109,441	593,160	10,736	37,092	640,989
GAIN (LOSS) FROM OPERATIONS	(193,659)	45,160	(3,996)	(152,495)	(12,137)	(22,854)	(109,407)	(296,893)	(9,288)	(37,088)	(343,268)
NONOPERATING REVENUE:											
Property taxes	18,586	21,898		40,485	2,420	3,298	1,876	48,078	5,315		53,393
Sales taxes	9,102	10,027		19,128	2,697	4,391	872	27,088	3,687	7,552	38,328
Cigarette taxes	25,819	26,920		52,739	5,128	5,384	2,347	65,598	7,225		72,822
Other Tobacco Product taxes	1,397	1,488		2,885	275	284	129	3,573	393		3,966
Fire Arms taxes	73			73				73			73
Interest income	5	0		5	0	0	0	6	0	0	6
Retirement plan contribution	24,484	3,919		28,403	598	2,783	3,445	35,228	1,099	2,997	39,323
TOTAL NONOPERATING REVENUE	79,466	64,252		143,718	11,116	16,140	8,668	179,643	17,719	10,549	207,911
NET INCOME (LOSS)	(114,193)	109,412	(3,996)	(8,777)	(1,020)	(6,714)	(100,738)	(117,249)	8,431	(26,539)	(135,358)

Note: The above accounts (i.e., Inventory, Supplies Expense, etc.) affected by the implementation and installation of the Lawson Inventory/Accounts Payable module, by the Supply Chain Management group, do not have correct year-to-date balances starting the month of January 2013; related transactions are still in contention and in the process of getting management approval for posting onto the Lawson general ledger system.

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	June 30, 2013	Inc (Dec)	July 31, 2013
REVENUE:			
Net patient service revenue	244,407	41,753	286,160
Grant revenue	113	1,048	1,161
EHR incentive program revenue	6,577		6,577
Other revenue	3,461	361	3,822
Total Revenue	254,558	43,162	297,720
OPERATING EXPENSES:			
Salaries and wages	293,582	43,352	336,934
Employee benefits	80,854	11,730	92,583
Supplies	57,995	10,528	68,523
Purchased svs, rental & other	96,538	10,334	106,872
Insurance expense	6,873	972	7,845
Depreciation	19,805	2,829	22,634
Utilities	4,840	758	5,597
TOTAL OPERATING EXPENSES	560,486	80,503	640,989
GAIN (LOSS) FROM OPERATIONS	(305,928)	(37,340)	(343,268)
NONOPERATING REVENUE:			
Property taxes	46,670	6,723	53,393
Sales taxes	35,980	2,348	38,328
Cigarette taxes	61,311	11,511	72,822
Other tobacco product taxes	3,556	410	3,966
Fire Arms taxes	36	37	73
Interest income	4	2	6
Retirement plan contribution	34,408	4,915	39,323
TOTAL NONOPERATING REVENUE	181,964	25,947	207,911
NET INCOME (LOSS)	(123,964)	(11,394)	(135,358)

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	<u>June 30, 2013</u>	<u>Inc (Dec)</u>	<u>July 31, 2013</u>
REVENUE:			
Net patient service revenue	133,711	19,219	152,930
EHR incentive program revenue	5,479		5,479
Other revenue	2,399	209	2,608
Total Revenue	<u>141,588</u>	<u>19,428</u>	<u>161,016</u>
OPERATING EXPENSES:			
Salaries and wages	187,657	27,495	215,151
Employee benefits	50,001	6,954	56,955
Supplies	19,673	3,659	23,332
Purchased svcs, rental & other	31,911	4,428	36,339
Insurance expense	3,899	557	4,456
Depreciation	13,397	1,914	15,311
Utilities	2,894	236	3,130
TOTAL OPERATING EXPENSES	<u>309,433</u>	<u>45,243</u>	<u>354,676</u>
GAIN (LOSS) FROM OPERATIONS	<u>(167,844)</u>	<u>(25,815)</u>	<u>(193,659)</u>
NONOPERATING REVENUE:			
Property taxes	16,249	2,337	18,586
Sales taxes	8,544	557	9,102
Cigarette taxes	21,894	3,925	25,819
Other tobacco product taxes	1,257	140	1,397
Fire Arms taxes	36	37	73
Interest income	3	2	5
Retirement plan contribution	21,423	3,060	24,484
TOTAL NONOPERATING REVENUE	<u>69,406</u>	<u>10,060</u>	<u>79,466</u>
NET INCOME (LOSS)	<u><u>(98,438)</u></u>	<u><u>(15,755)</u></u>	<u><u>(114,193)</u></u>

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	June 30, 2013	Inc (Dec)	July 31, 2013
REVENUE:			
Net patient service revenue	85,458	12,221	97,679
Other revenue	404	54	458
Total Revenue	85,862	12,275	98,137
OPERATING EXPENSES:			
Salaries and wages	25,640	3,485	29,125
Employee benefits	7,352	1,024	8,376
Supplies	8,247	1,385	9,632
Purchased svcs, rental & other	3,596	463	4,059
Insurance expense	1,000	142	1,143
Depreciation	496	71	567
Utilities	55	20	75
TOTAL OPERATING EXPENSES	46,388	6,589	52,977
GAIN (LOSS) FROM OPERATIONS	39,474	5,686	45,160
NONOPERATING REVENUE:			
Property taxes	19,143	2,755	21,898
Sales taxes	9,412	614	10,027
Cigarette taxes	22,292	4,628	26,920
Other tobacco product taxes	1,323	165	1,488
Interest income	0	0	0
Retirement plan contribution	3,429	490	3,919
TOTAL NONOPERATING REVENUE	55,600	8,652	64,252
NET INCOME (LOSS)	95,074	14,338	109,412

1115 Waiver
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	<u>June 30, 2013</u>	<u>Inc (Dec)</u>	<u>July 31, 2013</u>
REVENUE:			
Net patient service revenue	14,799	9,108	23,906
Total Revenue	14,799	9,108	23,906
OPERATING EXPENSES:			
Salaries and wages	1,440	487	1,927
Employee benefits	8	481	489
Supplies	11,648	32	11,680
Purchased svcs, rental & other	10,089	3,717	13,806
TOTAL OPERATING EXPENSES	23,186	4,716	27,902
GAIN (LOSS) FROM OPERATIONS	(8,387)	4,391	(3,996)
NONOPERATING REVENUE:			
Property taxes			
Sales taxes			
Cigarette taxes			
Interest income			
Retirement plan contribution			
TOTAL NONOPERATING REVENUE			
NET INCOME (LOSS)	(8,387)	4,391	(3,996)

Note: The increase in benefit expense is the result of estimated accruals (including prior months) which was recorded in July.

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	June 30, 2013	Inc (Dec)	July 31, 2013
REVENUE:			
Net patient service revenue	5	(61)	(56)
Other revenue	215	33	248
Total Revenue	220	(28)	192
OPERATING EXPENSES:			
Salaries and wages	4,333	575	4,908
Employee benefits	2,443	344	2,787
Supplies	624	1	626
Purchased svcs, rental & other	1,165	61	1,226
Insurance expense	322	37	358
Depreciation	1,490	213	1,703
Utilities	575	146	721
TOTAL OPERATING EXPENSES	10,952	1,376	12,329
GAIN (LOSS) FROM OPERATIONS	(10,732)	(1,405)	(12,137)
NONOPERATING REVENUE:			
Property taxes	2,115	305	2,420
Sales taxes	2,531	165	2,697
Cigarette taxes	4,396	731	5,128
Other tobacco product taxes	248	26	275
Interest income	0	0	0
Retirement plan contribution	523	75	598
TOTAL NONOPERATING REVENUE	9,814	1,302	11,116
NET INCOME (LOSS)	(918)	(102)	(1,020)

Notes:

Patient revenue for Oak Forest are recorded in Stroger Hospital and/or Ambulatory Clinics.

The decrease in net patient revenue is the result of \$61,169 payment of 3rd party settlement on 2009 cost report.

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	June 30, 2013	Inc (Dec)	July 31, 2013
REVENUE:			
Net patient service revenue	10,435	1,267	11,701
EHR incentive program revenue	1,098		1,098
Other revenue	147	36	182
Total Revenue	11,679	1,303	12,982
OPERATING EXPENSES:			
Salaries and wages	17,029	2,767	19,796
Employee benefits	5,638	788	6,426
Supplies	927	31	957
Purchased svcs, rental & other	5,993	217	6,210
Insurance expense	466	67	533
Depreciation	1,131	162	1,293
Utilities	530	91	621
TOTAL OPERATING EXPENSES	31,714	4,122	35,836
GAIN (LOSS) FROM OPERATIONS	(20,035)	(2,819)	(22,854)
NONOPERATING REVENUE:			
Property taxes	2,881	417	3,298
Sales taxes	4,122	269	4,391
Cigarette taxes	4,684	700	5,384
Other tobacco product taxes	259	25	284
Interest income	0	0	0
Retirement plan contribution	2,435	348	2,783
TOTAL NONOPERATING REVENUE	14,381	1,759	16,140
NET INCOME (LOSS)	(5,654)	(1,060)	(6,714)

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	June 30, 2013	Inc (Dec)	July 31, 2013
REVENUE:			
Other revenue	34		34
Total Revenue	34		34
OPERATING EXPENSES:			
Salaries and wages	27,428	4,091	31,519
Employee benefits	7,309	1,016	8,325
Supplies	15,566	5,379	20,945
Purchased svcs, rental & other	42,413	1,125	43,538
Insurance expense	533	76	610
Depreciation	3,041	434	3,475
Utilities	772	257	1,030
TOTAL OPERATING EXPENSES	97,062	12,379	109,441
GAIN (LOSS) FROM OPERATIONS	(97,028)	(12,379)	(109,407)
NONOPERATING REVENUE:			
Property taxes	1,640	236	1,876
Sales taxes	818	53	872
Cigarette taxes	1,951	396	2,347
Other tobacco product taxes	115	14	129
Interest income	0		0
Retirement plan contribution	3,014	431	3,445
TOTAL NONOPERATING REVENUE	7,538	1,130	8,668
NET INCOME (LOSS)	(89,490)	(11,248)	(100,738)

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	June 30, 2013	Inc (Dec)	July 31, 2013
REVENUE:			
Grant revenue	113	1,048	1,161
Other revenue	258	29	287
Total Revenue	371	1,077	1,448
OPERATING EXPENSES:			
Salaries and wages	6,331	840	7,171
Employee benefits	2,153	299	2,452
Supplies	83	0	84
Purchased svcs, rental & other	543	147	690
Insurance expense	155	22	177
Depreciation	127	18	145
Utilities	13	4	17
TOTAL OPERATING EXPENSES	9,405	1,331	10,736
GAIN (LOSS) FROM OPERATIONS	(9,034)	(254)	(9,288)
NONOPERATING REVENUE:			
Property taxes	4,643	672	5,315
Sales taxes	3,462	226	3,687
Cigarette taxes	6,095	1,129	7,225
Other tobacco product taxes	352	40	393
Interest income	0	0	0
Retirement plan contribution	961	137	1,099
TOTAL NONOPERATING REVENUE	15,513	2,205	17,719
NET INCOME (LOSS)	6,479	1,952	8,431

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date July 31, 2013

	June 30, 2013	Inc (Dec)	July 31, 2013
REVENUE:			
Other revenue	4	0	4
Total Revenue	4	0	4
OPERATING EXPENSES:			
Salaries and wages	23,723	3,614	27,337
Employee benefits	5,949	823	6,772
Supplies	1,226	42	1,267
Purchased svs, rental & other	828	176	1,004
Insurance expense	497	71	568
Depreciation	123	18	141
Utilities		3	3
TOTAL OPERATING EXPENSES	32,346	4,746	37,092
GAIN (LOSS) FROM OPERATIONS	(32,342)	(4,746)	(37,088)
NONOPERATING REVENUE:			
Property taxes			
Sales taxes	7,090	463	7,552
Interest income	0	0	0
Retirement plan contribution	2,622	375	2,997
TOTAL NONOPERATING REVENUE	9,712	837	10,549
NET INCOME (LOSS)	(22,630)	(3,909)	(26,539)

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	Yes, N/A, No?	If no, state reason (immaterial, estimated, etc.)
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
Reviewed by _____

Date _____
Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended July 31, 2013

Index	Page
1. Actual vs. Budget – Cash Receipts	3-5
2. Actual vs. Budget – Expenses per Adjusted Patient Days .	6
3. Payer Mix	7 - 9
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5. Case Mix	14

Final Cash Report

For the Month July-2013				Cumulative Cash Summary Through July-2013			
	Actual	Budget	Variance		Actual	Budget	Variance
SHCC				SHCC			
Medicare	\$ 4,728,883	\$ 4,243,399	\$ 485,484	Medicare	\$ 40,681,621	\$ 33,262,770	\$ 7,418,851
Medicaid	9,997,023	12,326,725	(2,329,702)	Medicaid	73,485,261	86,287,075	(12,801,814)
Other	1,480,759	1,659,804	(179,045)	Other	15,585,928	13,010,724	2,575,204
Physician Billing	718,280	1,005,751	(287,471)	Physician Billing	5,741,779	7,645,520	(1,903,741)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	3,045,362	-	3,045,362
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(17,795)	-	(17,795)	Collection Agency	(324,379)	-	(324,379)
Revenue Enhancement	-	-	-	Revenue Enhancement	(900,602)	-	(900,602)
Physician Billing Refunds	-	-	-	Physician Billing Refunds	(27,066)	-	(27,066)
Meaningful Use	-	646,471	(646,471)	Meaningful Use	6,394,088	5,067,498	1,326,590
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	8,524,762	22,384,178	(13,859,416)	Waiver - Capitation	22,376,382	62,568,033	(40,191,651)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	727,610	-	727,610
Physician Contract Payments	-	81,230	(81,230)	Physician Contract Payments	300,914	636,739	(335,825)
Physician Contract Revenues	-	-	-	Physician Contract Revenues	26,465	-	26,465
Totals	\$ 25,431,912	\$ 42,347,558	\$ (16,915,646)	Totals	\$ 167,113,363	\$ 208,478,359	\$ (41,364,996)

	Actual	Budget	Variance		Actual	Budget	Variance
PHCC				PHCC			
Medicare	\$ 102,390	\$ 219,708	\$ (117,318)	Medicare	\$ 471,450	\$ 1,722,226	\$ (1,250,776)
Medicaid	752,368	520,059	232,309	Medicaid	4,593,617	3,640,412	953,205
Other	85,381	103,848	(18,467)	Other	798,673	814,032	(15,359)
Physician Billing	60,909	45,763	15,146	Physician Billing	526,292	347,881	178,411
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	1,032,208	-	1,032,208
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	(21,860)	-	(21,860)
Collection Agency	(509)	-	(509)	Collection Agency	(15,907)	-	(15,907)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	92,567	(92,567)	Meaningful Use	1,799,956	725,603	1,074,353
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	582,890	1,530,542	(947,652)	Waiver - Capitation	1,530,010	4,278,156	(2,748,146)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 1,583,429	\$ 2,512,487	\$ (929,058)	Totals	\$ 10,714,439	\$ 11,528,310	\$ (813,871)

	Actual	Budget	Variance		Actual	Budget	Variance
OFHC				OFHC			
Medicare	\$ (8,567)	\$ 26,092	\$ (34,659)	Medicare	\$ 41,638	\$ 204,529	\$ (162,891)
Medicaid	299,595	156,914	142,681	Medicaid	1,784,049	1,098,397	685,652
Other	35,623	39,817	(4,194)	Other	331,840	312,115	19,725
Physician Billing	36,966	12,771	24,195	Physician Billing	241,915	97,085	144,830
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	925,566	-	925,566
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(73)	-	(73)	Collection Agency	(5,428)	-	(5,428)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-	Meaningful Use	-	-	-
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	-	-	-	Waiver - Capitation	-	-	-
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 363,544	\$ 235,594	\$ 127,950	Totals	\$ 3,319,580	\$ 1,712,126	\$ 1,607,454

	Actual	Budget	Variance		Actual	Budget	Variance
SYSTEM				SYSTEM			
Medicare	\$ 4,822,706	\$ 4,489,199	\$ 333,507	Medicare	\$ 41,194,709	\$ 35,189,525	\$ 6,005,184
Medicaid	11,048,986	13,003,698	(1,954,712)	Medicaid	79,862,927	91,025,884	(11,162,957)
Other	1,601,763	1,803,469	(201,706)	Other	16,716,441	14,136,871	2,579,570
Physician Billing	816,155	1,064,285	(248,130)	Physician Billing	6,509,986	8,090,486	(1,580,500)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	5,003,136	-	5,003,136
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	(21,860)	-	(21,860)
Collection Agency	(18,377)	-	(18,377)	Collection Agency	(345,714)	-	(345,714)
Revenue Enhancement	-	-	-	Revenue Enhancement	(900,602)	-	(900,602)
Physician Billing Refunds	-	-	-	Physician Billing Refunds	(27,066)	-	(27,066)
Physician Contract Payments	-	81,230	(81,230)	Physician Contract Payments	300,914	636,739	(335,825)
Physician Contract Revenues	-	-	-	Physician Contract Revenues	26,465	-	26,465
Meaningful Use	-	739,038	(739,038)	Meaningful Use	8,194,044	5,793,101	2,400,943
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	9,107,652	23,914,720	(14,807,068)	Waiver - Capitation	23,906,392	66,846,189	(42,939,797)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	727,610	-	727,610
DSH	13,528,186	12,567,309	960,877	DSH	106,303,734	100,538,472	5,765,262
Retro-Active DSH	-	-	-	Retro-Active DSH	10,374,628	-	10,374,628
BIPA	-	-	-	BIPA	150,000	-	150,000
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-
Totals	\$ 40,907,071	\$ 57,662,948	\$ (16,755,877)	Totals	\$ 297,975,744	\$ 322,257,267	\$ (24,281,523)

Included in SHCC's cumulative Medicare revenue for FY 2013 are cost report settlements totaling \$4,889,764.

PHCC has returned \$980,957 in Medicare cost reports settlements this fiscal year.

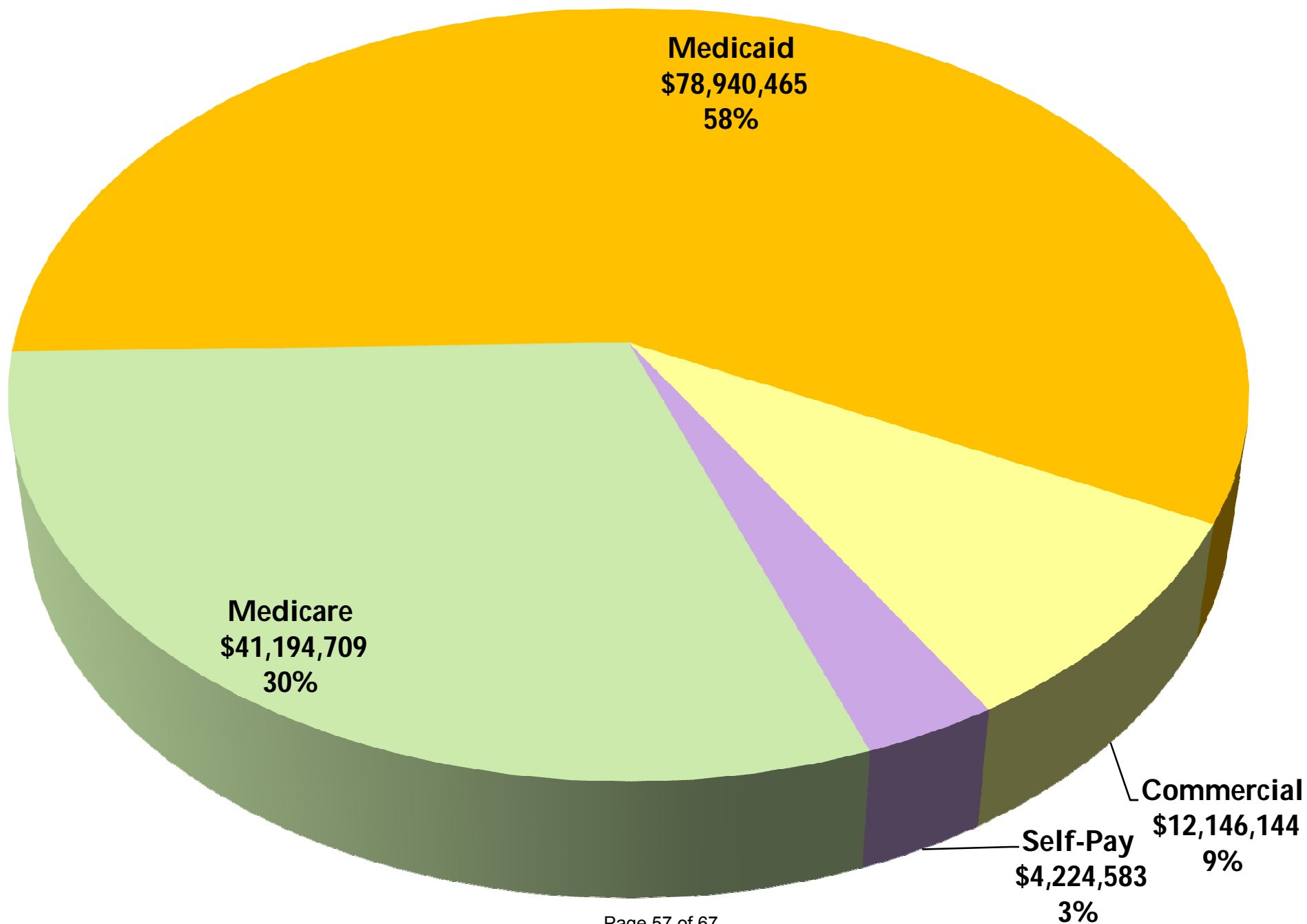
The OHFC Medicare revenue is negative this month due to a cost report settlement paid during July-2013. OHFC has returned \$61,169 in Medicare cost reports settlements this fiscal year.

The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 06/19/13 - 07/17/13 .

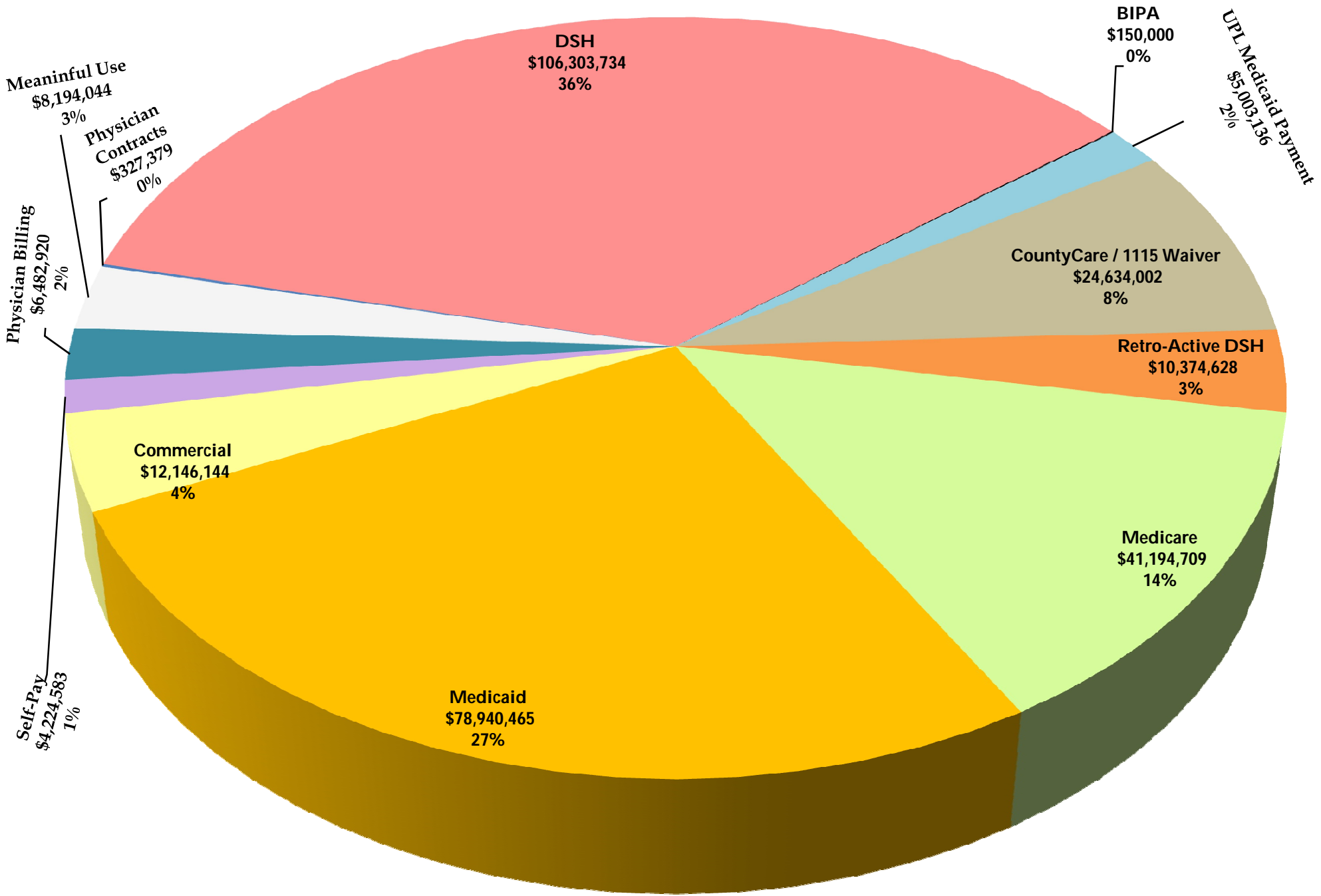
Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payment include refunds processed by CCHHS. Included in the "Revenue Enhancement" totals are payments to the state for supplemental workers hired to help clear the Medicaid backlog.

The Meaningful Use budget is spread over 12 months, as it is not known in which month this payment will be received. Meaningful Use includes both the Medicare and Medicaid portions.

CCHHS Cumulative Net Patient Fee Cash Receipts Through July-2013



CCHHS Cumulative Total Net Cash Receipts Through July-2013

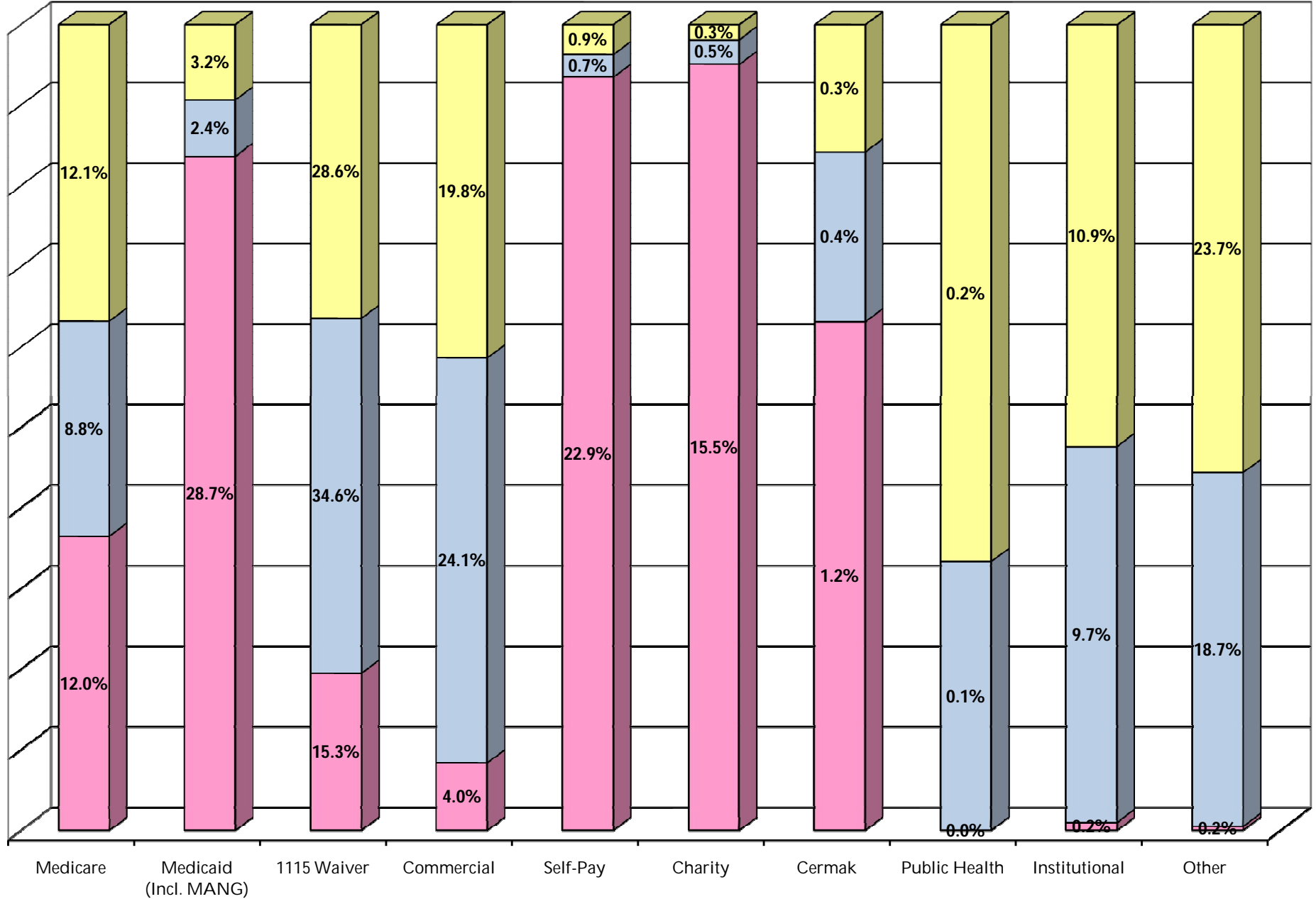


- The receipts on this graph are net of any payments out of revenue.

**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of July 31, 2013**

<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 4,159	\$ 4,084	-1.84%
Provident	\$ 3,907	\$ 3,939	0.82%

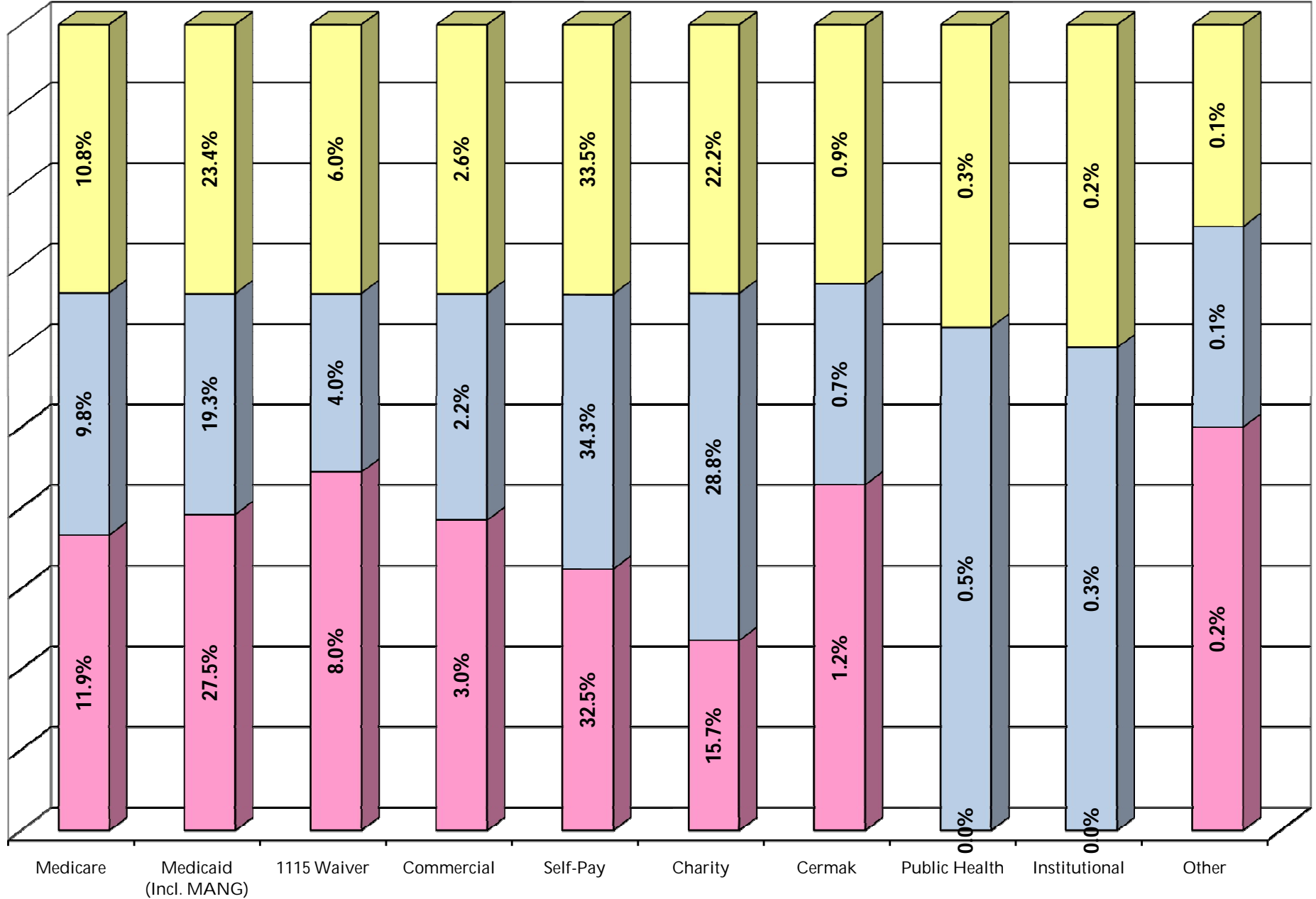
CCHHS IP, OP, And Combined Payer Mix For July-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Vendor Successfully Converted To Medicaid



■ In-Patient
 ■ Out-Patient
 ■ Combined

- The data in this graph is based upon charges.
- Other includes Grants, Risk Management, and Workman's Compensation.

**Cumulative CCHHS IP, OP, And Combined Payer Mix Through July-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid**



■ In-Patient
 ■ Out-Patient
 ■ Combined

- The data in this graph is based upon charges.

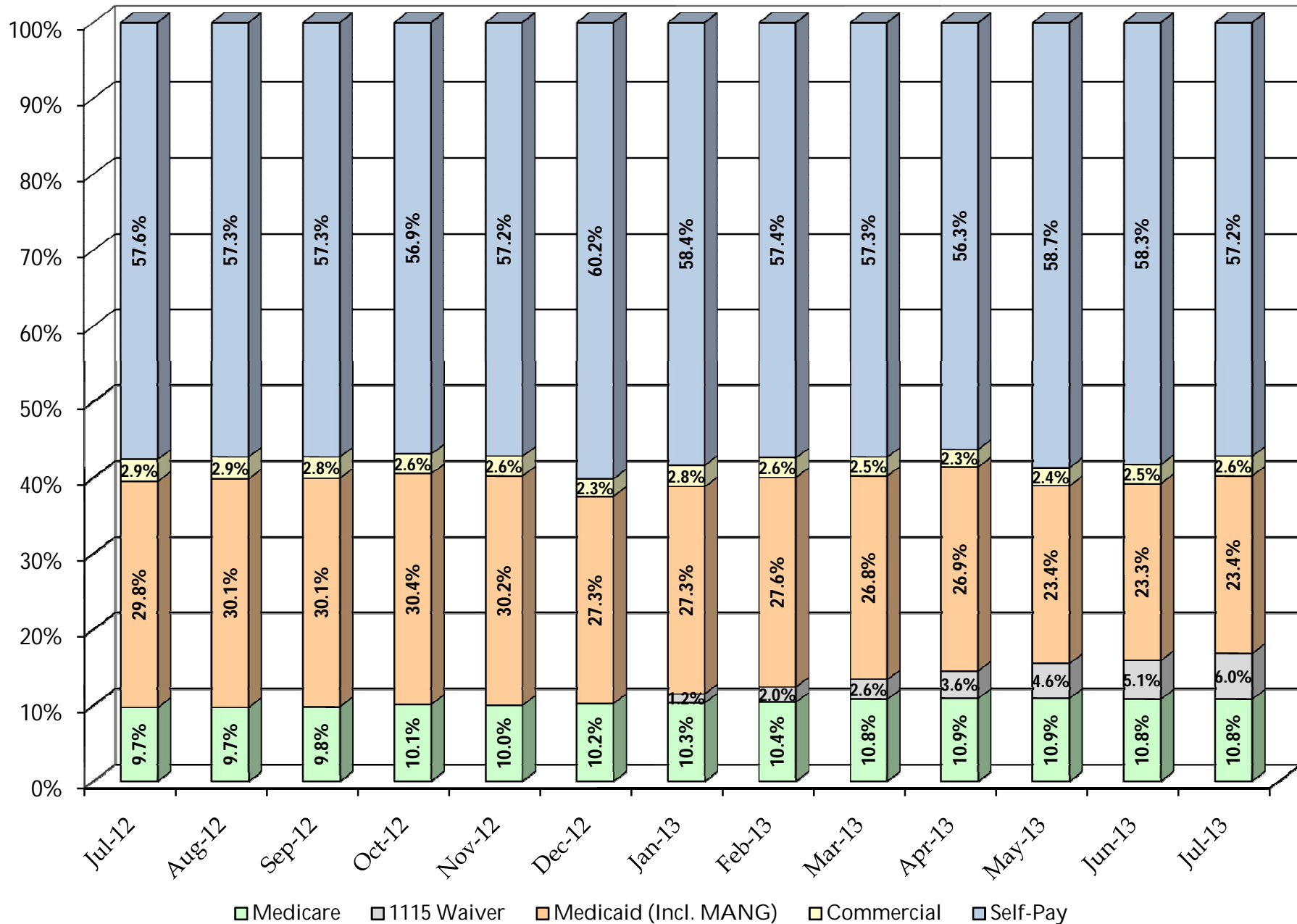
- Other includes Grants, Risk Management, and Workman's Compensation.

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)

Cook County Health And Hospitals System

Prior 13 Months Ending July-2013

Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
July-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	252	167	85	17	21	(4)	269	188	81
Medicaid	555	621	(66)	25	28	(3)	580	649	(69)
Medicaid-Pending	1	-	1	-	-	-	1	-	1
1115 Waiver	91	-	91	9	-	9	100	-	100
Commercial	37	47	(10)	2	3	(1)	39	50	(11)
Self-Pay	799	1,168	(369)	45	88	(43)	844	1,256	(412)
Charity	252	-	252	14	-	14	266	-	266
Cermak	27	-	27	-	-	-	27	-	27
Grants	1	-	1	-	-	-	1	-	1
Institutional	1	-	1	-	-	-	1	-	1
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	2	-	2	-	-	-	2	-	2
Total Admissions	2,018	2,003	15	112	140	(28)	2,130	2,143	(13)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,193	1,032	161	74	76	(2)	1,267	1,108	159
Medicaid	2,692	3,378	(686)	79	91	(12)	2,771	3,469	(698)
Medicaid-Pending	5	-	5	1	-	1	6	-	6
1115 Waiver	422	-	422	28	-	28	450	-	450
Commercial	256	353	(97)	3	11	(8)	259	364	(105)
Self-Pay	4,057	4,858	(801)	134	339	(205)	4,191	5,197	(1,006)
Charity	1,107	-	1,107	51	-	51	1,158	-	1,158
Cermak	125	-	125	-	-	-	125	-	125
Grants	6	-	6	-	-	-	6	-	6
Institutional	7	-	7	-	-	-	7	-	7
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	16	-	16	-	-	-	16	-	16
Total Patient Days	9,886	9,621	265	370	517	(147)	10,256	10,138	118

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,321	2,364	(43)	273	340	(67)	2,594	2,704	(110)
Medicaid	5,236	7,737	(2,501)	292	407	(115)	5,528	8,144	(2,616)
Medicaid-Pending	10	-	10	4	-	4	14	-	14
1115 Waiver	821	-	821	103	-	103	924	-	924
Commercial	498	809	(311)	11	49	(38)	509	858	(349)
Self-Pay	7,891	11,126	(3,235)	494	388	106	8,385	11,514	(3,129)
Charity	2,153	-	2,153	188	-	188	2,341	-	2,341
Cermak	243	-	243	-	-	-	243	-	243
Grants	12	-	12	-	-	-	12	-	12
Institutional	14	-	14	-	-	-	14	-	14
Public Health	-	-	-	-	-	-	-	-	-
Workmens' Compensation	31	-	31	-	-	-	31	-	31
Total Adjusted Patient Days	19,230	22,036	(2,806)	1,365	1,184	181	20,595	23,220	(2,625)

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	5.0	4.8	0.2	4.3	3.7	0.6
Medicaid	5.1	4.8	0.3	3.0	3.7	(0.7)
Medicaid-Pending	4.3	4.8	(0.5)	3.0	3.7	(0.7)
1115 Waiver	5.0	4.8	0.2	3.4	3.7	(0.3)
Commercial	6.2	4.8	1.4	1.5	3.7	(2.2)
Self-Pay	5.0	4.8	0.2	3.1	3.7	(0.6)
Charity	4.2	4.8	(0.6)	3.8	3.7	0.1
Grants	-	-	-	-	-	-
Cermak	5.6	4.8	0.8	-	-	-
Institutional	7.0	4.8	2.2	-	-	-
Public Health	3.0	4.8	(1.8)	-	-	-
Workmens' Compensation	25.5	4.8	20.7	-	-	-
Overall Average LOS	4.9	4.8	0.1	3.3	3.7	(0.4)

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2013 Through July-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,966	1,640	326	128	156	(28)	2,094	1,796	298
Medicaid	4,277	4,881	(604)	177	190	(13)	4,454	5,071	(617)
Medicaid-Pending	13	-	13	-	-	-	13	-	13
1115 Waiver	364	-	364	35	-	35	399	-	399
Commercial	343	496	(153)	20	21	(1)	363	517	(154)
Self-Pay	6,479	8,672	(2,193)	449	752	(303)	6,928	9,424	(2,496)
Charity	2,010	-	2,010	156	-	156	2,166	-	2,166
Cermak	215	-	215	1	-	1	216	-	216
Grants	2	-	2	-	-	-	2	-	2
Institutional	2	-	2	-	-	-	2	-	2
Public Health	6	-	6	1	-	1	7	-	7
Workmens' Compensation	7	-	7	-	-	-	7	-	7
Total Admissions	15,684	15,689	(5)	967	1,119	(152)	16,651	16,808	(157)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	8,690	8,091	599	545	594	(49)	9,235	8,685	550
Medicaid	21,240	26,480	(5,240)	736	711	25	21,976	27,191	(5,215)
Medicaid-Pending	40	-	40	6	-	6	46	-	46
1115 Waiver	1,796	-	1,796	148	-	148	1,944	-	1,944
Commercial	2,005	2,769	(764)	66	89	(23)	2,071	2,858	(787)
Self-Pay	30,694	38,081	(7,387)	1,776	2,654	(878)	32,470	40,735	(8,265)
Charity	8,140	-	8,140	554	-	554	8,694	-	8,694
Cermak	845	-	845	1	-	1	846	-	846
Grants	14	-	14	-	-	-	14	-	14
Institutional	29	-	29	-	-	-	29	-	29
Public Health	27	-	27	2	-	2	29	-	29
Workmens' Compensation	69	-	69	-	-	-	69	-	69
Total Patient Days	73,589	75,421	(1,832)	3,834	4,048	(214)	77,423	79,469	(2,046)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	16,807	17,964	(1,157)	1,825	2,460	(635)	18,632	20,424	(1,792)
Medicaid	40,876	58,717	(17,841)	2,437	2,956	(519)	43,313	61,673	(18,360)
Medicaid-Pending	79	-	79	20	-	20	99	-	99
1115 Waiver	3,489	-	3,489	509	-	509	3,998	-	3,998
Commercial	3,883	6,153	(2,270)	222	371	(149)	4,105	6,524	(2,419)
Self-Pay	59,352	84,586	(25,234)	5,890	6,908	(1,018)	65,242	91,494	(26,252)
Charity	15,743	-	15,743	1,831	-	1,831	17,574	-	17,574
Cermak	1,634	-	1,634	3	-	3	1,637	-	1,637
Grants	28	-	28	-	-	-	28	-	28
Institutional	57	-	57	-	-	-	57	-	57
Public Health	53	-	53	7	-	7	60	-	60
Workmens' Compensation	135	-	135	-	-	-	135	-	135
Total Adjusted Patient Days	142,136	167,420	(25,284)	12,744	12,695	49	154,880	180,115	(25,235)

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For July-2013

Stroger Hospital

Payer Type	ER Patients		Total Visits		Total Visits & Elopes
	Treated And Released	Admissions From ER	Before Elopes	ER Elopes	
Medicare	494	207	701	113	814
Medicaid	2,178	391	2,569	406	2,975
Medicaid-Pending	2	1	3	1	4
1115 Waiver	386	53	439	65	504
Commercial	214	25	239	23	262
Self-Pay	4,422	621	5,043	989	6,032
Charity	759	165	924	132	1,056
Cermak	46	24	70	3	73
Grants & Research	1	1	2	2	4
Public Health	7	-	7	3	10
Institutional	14	1	15	2	17
Workmens' Compensation	1	2	3	1	4
Totals	8,524	1,491	10,015	1,740	11,755
		Budget	10,619		
		Variance	(604)		

Provident Hospital

Payer Type	Treated And Released		Visits Before Elopes		Total Visits & Elopes
	Admissions From ER	ER Elopes	ER Elopes		
Medicare	155	15	170	14	184
Medicaid	550	24	574	48	622
Medicaid-Pending	1	-	1	-	1
1115 Waiver	132	9	141	7	148
Commercial	73	2	75	5	80
Self-Pay	1,599	43	1,642	133	1,775
Charity	232	9	241	18	259
Cermak	1	-	1	-	1
Grants & Research	-	-	-	-	-
Public Health	1	-	1	-	1
Institutional	1	-	1	-	1
Workmens' Compensation	-	-	-	-	-
Totals	2,745	102	2,847	225	3,072
		Budget	2,795		
		Variance	52		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	62
Medicaid	129
Medicaid-Pending	-
1115 Waiver	65
Commercial	23
Self-Pay	841
Charity	186
Cermak	-
Grants & Research	-
Public Health	-
Institutional	-
Workmens' Compensation	-
Totals	1,306
	Budget 1,661
	Variance (355)

ER and Immediate Care Total

Payer Type	ER Patients				ER Elopes	Total ER and Immediate Care Visits with Elopes
	Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes		
Medicare	649	222	62	933	127	1,060
Medicaid	2,728	415	129	3,272	454	3,726
Medicaid-Pending	3	1	-	4	1	5
1115 Waiver	518	62	65	645	72	717
Commercial	287	27	23	337	28	365
Self-Pay	6,021	664	841	7,526	1,122	8,648
Charity	991	174	186	1,351	150	1,501
Cermak	47	24	-	71	3	74
Grants & Research	1	1	-	2	2	4
Public Health	8	-	-	8	3	11
Institutional	15	1	-	16	2	18
Workmens' Compensation	1	2	-	3	1	4
Totals	11,269	1,593	1,306	14,168	1,965	16,133
ER and Immediate Care Budget				15,075		
Variance				(907)		

Percent Of Admissions From Emergency Room For Month Of July-2013

	SHCC	PHCC	CCHHS
ER Admissions	1,491	102	1,593
Total Admissions	2,018	112	2,130
% of ER Admissions	74%	91%	75%

Emergency Room Elope Percentage For Month Of July-2013

	SHCC	PHCC	CCHHS
ER Elopes	1,740	225	1,965
Total Visits with Elopes	11,755	3,072	14,827
% of ER Elopes	15%	7%	13%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through July-2013

Stroger Hospital						Provident Hospital					
Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes	Payer Type	Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	3,690	1,591	5,281	441	5,722	Medicare	1,307	119	1,426	120	1,546
Medicaid	17,720	2,944	20,664	2,102	22,766	Medicaid	4,067	171	4,238	531	4,769
Medicaid-Pending	12	7	19	5	24	Medicaid-Pending	1	-	1	-	1
1115 Waiver	1,101	246	1,347	135	1,482	1115 Waiver	377	30	407	31	438
Commercial	1,746	232	1,978	135	2,113	Commercial	581	19	600	54	654
Self-Pay	37,667	4,932	42,599	5,440	48,039	Self-Pay	11,251	419	11,670	1,511	13,181
Charity	6,946	1,335	8,281	692	8,973	Charity	2,495	119	2,614	223	2,837
Cermak	386	195	581	17	598	Cermak	7	1	8	1	9
Grants & Research	7	2	9	3	12	Grants & Research	2	-	2	-	2
Public Health	95	4	99	38	137	Public Health	28	1	29	6	35
Institutional	113	2	115	8	123	Institutional	19	-	19	1	20
Workmens' Compensation	29	6	35	4	39	Workmens' Compensation	-	-	-	-	-
Totals	69,512	11,496	81,008	9,020	90,028	Totals	20,135	879	21,014	2,478	23,492
		Budget	83,236					Budget	21,903		
		Variance	(2,228)					Variance	(889)		

Oak Forest Health Center	
Payer Type	Immediate Care Visits
Medicare	435
Medicaid	768
Medicaid-Pending	-
1115 Waiver	217
Commercial	183
Self-Pay	6,484
Charity	2,137
Cermak	-
Grants & Research	-
Public Health	24
Institutional	3
Workmens' Compensation	4
Totals	10,255
	Budget 13,024
	Variance (2,769)

ER and Immediate Care Total						
Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	4,997	1,710	435	7,142	561	7,703
Medicaid	21,787	3,115	768	25,670	2,633	28,303
Medicaid-Pending	13	7	-	20	5	25
1115 Waiver	1,478	276	217	1,971	166	2,137
Commercial	2,327	251	183	2,761	189	2,950
Self-Pay	48,918	5,351	6,484	60,753	6,951	67,704
Charity	9,441	1,454	2,137	13,032	915	13,947
Cermak	393	196	-	589	18	607
Grants & Research	9	2	-	11	3	14
Public Health	123	5	24	152	44	196
Institutional	132	2	3	137	9	146
Workmens' Compensation	29	6	4	39	4	43
Totals	89,647	12,375	10,255	112,277	11,498	123,775
	ER and Immediate Care Budget			118,163		
	Variance			(5,886)		

Cumulative Percent Of Admissions From Emergency Room Through July-2013			
	SHCC	PHCC	CCHHS
ER Admissions	11,496	879	12,375
Total Admissions	15,684	967	16,651
% of ER Admissions	73%	91%	74%

Cumulative Emergency Room Elope Percentage Through July-2013			
	SHCC	PHCC	CCHHS
ER Elopes	9,020	2,478	11,498
Total Visits with Elopes	90,028	23,492	113,520
% of ER Elopes	10%	11%	10%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors
ACHN Clinic Visits - July-2013

ACHN Clinic Visits - July-2013			
	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	32,515	33,755	(1,240)
WEST CLUSTER	5,049	6,285	(1,236)
SOUTH CLUSTER	5,827	6,070	(243)
SOUTH SUBURBAN CLUSTER	5,980	5,713	267
Total ACHN Visits	49,371	51,823	(2,452)

Cumulative ACHN Clinic Visits Through July-2013			
	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	257,398	264,594	(7,196)
WEST CLUSTER	43,700	49,253	(5,553)
SOUTH CLUSTER	47,405	47,579	(174)
SOUTH SUBURBAN CLUSTER	45,371	44,785	586
Total ACHN Visits	393,874	406,211	(12,337)

Notes:

- The cumulative ACHN clinic visits for The South Suburban Cluster have been decreased to account for the inclusion of the OFH ICC visits in this cluster.

Cook County Health and Hospitals System
Top Ten DRG's - July-2013

John H. Stroger, Jr. Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	75	174	2.3	0.7375	2.7
2	603 CELLULITIS W/O MCC	47	114	2.4	0.8392	3.7
3	313 CHEST PAIN	42	78	1.9	0.5617	1.7
4	812 RED BLOOD CELL DISORDERS W/O MCC	34	88	2.6	0.7872	2.7
5	292 HEART FAILURE & SHOCK W CC	33	116	3.5	1.0034	3.9
6	690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	28	87	3.1	0.7810	3.3
7	897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	28	73	2.6	0.6788	3.2
8	794 NEONATE W OTHER SIGNIFICANT PROBLEMS	25	88	3.5	1.2311	3.4
9	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	25	64	2.6	0.9653	1.8
10	552 MEDICAL BACK PROBLEMS W/O MCC	25	73	2.9	0.8533	3.3

Provident Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	18	35	1.9	0.5617	1.7
2	603 CELLULITIS W/O MCC	11	53	4.8	0.8392	3.7
3	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	9	23	2.6	0.9653	1.8
4	203 BRONCHITIS & ASTHMA W/O CC/MCC	7	33	4.7	0.6228	2.6
5	292 HEART FAILURE & SHOCK W CC	6	27	4.5	1.0034	3.9
6	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	6	32	5.3	0.7072	3.0
7	690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	4	16	4.0	0.7810	3.3
8	293 HEART FAILURE & SHOCK W/O CC/MCC	4	23	5.8	0.6751	2.7
9	305 HYPERTENSION W/O MCC	4	7	1.8	0.6187	2.1
10	190 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	3	16	5.3	1.1860	4.4